**BPL Health Professional Referral Form (V5)**

|  |  |
| --- | --- |
| **To: BPL** [[R\_WebserviceType:5]] | **Referral Date:** [[R\_DateOfReferral:<Today's date>]] |

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Details** | | **GP Details** | |
| **Forename:** | [[P\_FirstName:<Patient Name>]] | **Referring GP:** | <GP Name> |
| **Surname:** | [[P\_Surname:<Patient Name>]] | **Registered GP:** | <GP Name> |
| **Date of Birth:** | [[P\_DateOfBirth:<Date of Birth>]] | **Practice:** | [[RO\_Name:<Organisation Address>]]  [[RO\_Address1:<Organisation Address>  <Organisation Address>]]  [[RO\_Address2:<Organisation Address>  <Organisation Address>]]  [[RO\_Address3:<Organisation Address>]]  [[RO\_Postcode:<Organisation Address>]] |
| **Gender:** | [[P\_Gender:<Gender>]] |
| **Ethnicity:** | <Ethnicity> |
| **Address:** | [[P\_HomeAddress:<Patient Address>  <Patient Address>  <Patient Address>  <Patient Address>  <Patient Address>  <Patient Address>]] |
| **Telephone:** | [[RO\_Telephone:<Organisation Details>]] |
| **Fax:** | [[RO\_Fax:<Organisation Details>]] |
| **Practice code:** | [[RO\_GMPC:<Organisation Details>]] |
| **Home Tel No:** | [[P\_HomeTelephone:<Patient Contact Details>]] | | |
| **Work Tel No:** | [[P\_WorkTelephone:<Patient Contact Details>]] | | |
| **Mobile Tel No:** | [[P\_MobileTelephone:<Patient Contact Details>]] | | |
| Explicit patient consent is required to share details with the provider. Patient consent has been given:  Yes  No | | | |

**MEDICAL HISTORY**

**BMI:**

|  |  |  |  |
| --- | --- | --- | --- |
| [[R\_StatTypeEntry\_4:**Date** | **Description** | **Value** | **Units** |
| <Numerics> | <Numerics> | <Numerics> | <Numerics> |

**]]**

**Height:**

|  |  |  |  |
| --- | --- | --- | --- |
| [[R\_StatTypeEntry\_1:**Date** | **Description** | **Value** | **Units** |
| <Numerics> | <Numerics> | <Numerics> | <Numerics> |

]]

**Weight:**

|  |  |  |  |
| --- | --- | --- | --- |
| [[R\_StatTypeEntry\_2:Date | **Description** | **Value** | **Units** |
| <Numerics> | <Numerics> | <Numerics> | <Numerics> |

]]

**Waist measurement:**

|  |  |  |  |
| --- | --- | --- | --- |
| [[R\_StatTypeEntry\_20:**Date** | **Description** | **Value** | **Units** |
| <Numerics> | <Numerics> | <Numerics> | <Numerics> |

]]

**Blood Pressure:**

<Last 1 BP Reading(s)(table)>

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Description** | **Value** | **Units** |
|  |  |  |  |

* **History**

Active Problems

[[R\_MedicalConditions:<Problems(table)>]]

Ended Problems

[[R\_MedicalConditions1:<Problems(table)>]]

* **Anticipated Procedure**:
* **Current medication:** [[R\_Medication:
  + Acute

<Medication(table)>

* + Repeat Templates

<Repeat Templates(table)>]]

* **Alcohol Consumption:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Description** | **Value** | **Units** |
| <Numerics> | <Numerics> | <Numerics> | <Numerics> |

* **Smoking:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Description** | **Value** | **Units** |
| <Diagnoses> | <Diagnoses> |  |  |

**Known allergies:**

<Allergies & Sensitivities(table)>

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BPL Health Referral Scheme criteria:**   * Aged 16+ * Sedentary or inactive (undertaking less than 150 minutes physical activity per week) * All conditions MUST be stable, controlled and mild to moderate in severity * Motivated to change  |  |  |  |  | | --- | --- | --- | --- | | Anxiety / Stress |  | Asthma |  | | BMI 30+ |  | Depression |  | | Hypercholesterolemia |  | Hypertension |  | | Musculoskeletal (pain / injury) |  | Osteoarthritis |  | | Osteoporosis |  | Rheumatoid Arthritis |  | | Type I Diabetes |  | Type II Diabetes |  |   **Exclusion Criteria**   * History of cardiac event or condition * Systolic blood pressure ≥180mmHg or diastolic blood pressure ≥100mmHg * Resting heart rate ≥100bpm * Any uncontrolled or unstable medical condition |

**Please email completed referral form to** [**bpl.hrs@nhs.net**](mailto:bpl.hrs@nhs.net)