



Shape Up 4 Life Self Referral Form



What is Shape Up 4 Life Weight Management service all about?

Shape Up 4 Life (SU4L) offer a FREE 12-week weight management programme to support you to lose weight and keep it off long term. The programmes are open to anyone aged 16+ who has a body mass index (BMI) over 30 or over 28 with comorbidities living within Wiltshire. Delivered online and in face to face sessions, each week contains an interactive nutrition workshop covering topics such as snacking, portion sizes and label reading followed by a variety of light exercise. Our SU4L qualified instructors will support you to achieve your goals through balanced nutrition and simple exercise. Best of all its FREE!

Solutions4health would encourage you to provide your consent in order that we can process data and information about you. We will share this data where necessary with other health professionals such as your GP or specialist services. The information we collect and process will be used to help us meet the contractual obligations as set down by the local health service commissioners in accordance with the service we are providing. You can request to view, amend or delete your data at any time by contacting us at (www.solutions4health.co.uk/contact).

Consent Provided [] Consent Declined []

If you think the programme is for you just fill out this form and follow the instructions overleaf.

Mr/Mrs/Ms/Miss _____ Name + Surname _____

Address: _____

Postcode: _____

Phone: _____ Mobile: _____

Email: _____

Date of Birth: _____ Sex: Male Female

GP Surgery: _____ GP Surgery Address: _____

Ethnicity: _____ Preferred Language: _____

To assess your suitability for the programme please provide us with the following information:

Weight: _____ (stones & pounds) or _____ (Kilograms)

Height: _____ (feet & inches) or _____ (cm)

Where did you pick up this self – referral form? _____ Date: _____

Name of Advisor (if applicable) _____

Physical Activity Readiness- Questionnaire (PAR-Q)

Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life. For most people physical activity should not pose any problem or hazard. PAR-Q is designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Common sense is the best guide in answering these few questions.

Has your doctor ever said that you have a bone or joint problems?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has your doctor ever said that you have or have had a heart problem?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been diagnosed with epilepsy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been diagnosed with high blood pressure?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been diagnosed with diabetes?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you suffer from Asthma?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been diagnosed with a dietary illness?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever felt pain in your chest at rest or when you do physical exercise?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you currently taking any medication?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
In the past year have you had any major illness or surgery?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you ever lose your balance because of dizziness or lose consciousness?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you pregnant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you know of any other reason why you should not participate in a physical activity programme?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you answered YES to any of the questions above please give details:

If you answered NO to all questions:

Assumption of Risk - I hereby state that I have read, understood and answered honestly the questions above.

If you answered the PAR-Q accurately, you have reasonable assurance of your present suitability to participate in physical activity, gradually building up from your current ability level.

If you answered YES to one or more questions:

In order to access the SU4L programme we will need further information from your health care professional to ensure this service is an appropriate programme for your needs. This can be done by taking a **GP/Health Professional Referral form** to the **reception** of your GP surgery to be completed by your GP or practice nurse. Contact the SU4L Team to request a GP/Health professional form.

PAR- Q consent

I have read, understood and accurately completed this questionnaire and confirm that I am voluntarily engaging in an acceptable level of exercise, which has been recommended to me and my participation involves a risk of injury or an adverse happening. I also understand that it is my continuing responsibility to inform SU4L of any previous or current medical conditions, injuries or surgeries prior to every SU4L session. I give my permission for SU4L to liaise with my GP regarding my medical history, if required.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your SU4L instructor.

Name:

Signature:

Date: