

MEDICAL INFORMATION continued

B.P: _____ SBP / DBP

Height: _____ m, _____ cm

Weight: _____ kg B.M.I: _____

Current Smoker: Yes No

Date of Referral: _____

Name of Health Professional (Please Print):

Practice Address/Address/Hospital Dept:

Signature of Health Professional:

Important

Please indicate which venue the patient would like to attend for their STEPS Programme:

Venue for Activities (please delete as appropriate):
Cleethorpes Leisure Centre/Immingham Swimming Pool/
Grimsby Swimming Pool/Grimsby Leisure Centre/Bargate
Fitness Centre.

Patient Informed Consent

The 'STEPS (Physical Activity Scheme)' has been fully explained to me. I am prepared to participate and give my consent for any relevant clinical information about my health to be transferred to the exercise professional and made available to Scheme Co-ordinators as required. I consent to my information being stored on a database.

Signature of Patient:

Date:

more about STEPS

Who can refer?

- GPs
- Practice Nurses
- Health Visitors
- Physiotherapists
- Cardiac Nurses
- Diabetes Nurses
- Other Health Professionals

...You can even refer Yourself



Which leisure centres are involved?

- Immingham Swimming Pool
- Cleethorpes Leisure Centre
- Grimsby Swimming Pool
- Grimsby Leisure Centre
- Bargate Fitness Suite

Please tear off the form and send to:

STEPS Co-ordinator
Specialist Health Promotion Service
1 Prince Albert Gardens
Grimsby
DN31 3HT

funded by:

everyone
ACTIVE



North East Lincolnshire 
Care Trust Plus



supported by:

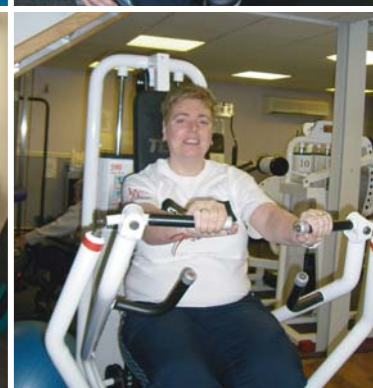
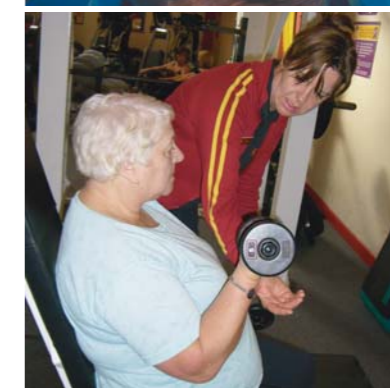
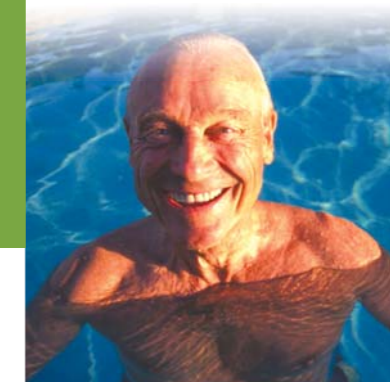


Specialist Health Promotion Service

1 Prince Albert Gardens
Grimsby
North East Lincolnshire DN31 3HT

tel: 01472 625504
www.heartwell.org.uk

Do you want to become more active?



tel: 01472 625504
www.heartwell.org.uk

what is...



centres and church halls, will also help to ensure that there are a wide range of activities available.

The scheme is for anyone over 16 years of age with risk factors for developing heart disease.

The scheme has close links with the local leisure centres fully qualified Fitness Instructors and Doctors and Health Professionals to prescribe the best type of physical activity plan to help improve your health.



how do I become more active?

Below are some simple but very effective ways of increasing your activity levels:

- Use the stairs instead of the lift
- Walk to the shop to buy you milk and paper instead of getting it delivered
- Go for a walk on your lunch break
- Do some gardening
- Do some housework
- Walk around the house during the TV adverts
- Get off the bus a stop earlier and walk
- Wash the car by hand

**AND
Join the STEPS scheme**

how do I get involved with the STEPS scheme?

Getting involved in the STEPS scheme is quick and easy.

All you need to do is ask your GP or Practice Nurse or a Health Professional to complete the attached Referral Form and then return this form to the appropriate address provided.

The STEPS scheme involves joint partnership working between the Specialist Health Promotion Service (NELCTP), North East Lincolnshire Council (NELC), Everyone Active, Bargate Fitness Suite, and Primary Care.



what does STEPS involve?

Initial Appointment: you will need to attend an initial appointment with a health professional or at your GP Surgery. This brief appointment will involve an assessment of your blood pressure, height, weight and Body Mass Index.

The 10 week Plan: the programme consists of two activity sessions per week for 10 weeks at your chosen venue and includes a Welcome Session, Week 5 and Week 10 follow-up sessions, and optional weekly socials.

Activities: The STEPS scheme delivers a variety of physical activity opportunities such as; swimming, fitness centre workouts, gentle exercise classes, local walking groups and home based exercises.

The aims of STEPS is to promote physical activity within the health wards of North East Lincolnshire.

The STEPS scheme will focus on offering leisure centre and community based activities that will help the individual to carry out daily activities, such as gardening, housework and walking.

Readily accessible safe venues such as leisure centres, community



STEPS referral form

PERSONAL INFORMATION

Patient's Name: _____

Address: _____

Postcode: _____ Tel No: _____

Gender: M / F D.O.B. ____/____/____

Ethnic Origin:

- White Black African Black Caribbean
 Indian Pakistani Chinese
 Bangladeshi Other

MEDICAL INFORMATION

Primary Reason For Referral: _____

Current Additional Health Problems: _____

Previous Medical History: _____

Prohibited Exercises: _____

Is The Patient Prescribed Any Medication? YES NO

Please List: _____

