



Dr James Faulkner
Programme Director of HELP Hampshire Stroke Clinic
Department of Sport, Exercise & Health
University of Winchester
Sparkford Road
Winchester
Hampshire
SO22 4NR

To whom it may concern,

Re: GP referral to the HELP Hampshire Stroke Clinic

The **HELP (Health Enhancing Lifestyle Programme) Hampshire Stroke Clinic** is a 'not-for-profit' initiative from the University of Winchester that will enhance the physical and social quality of life for people living with stroke through low-cost, flexible, community-based education and exercise clinics (www.helphamshire.co.uk). There are very few opportunities for stroke patients to engage in affordable exercise and lifestyle opportunities once they have been discharged from hospital. Changes to lifestyle factors (exercise, diet, smoking cessation, alcohol consumption) may reduce the risk of experiencing further strokes in the future, other cardiovascular complications (i.e., heart attacks) and patient death. The HELP Hampshire Stroke Clinic will rigorously monitor participants and will provide exercises that are tailored to the individual so we can evidence the benefits to them, their supporters (health practitioners) and society.

Key activities of clinic:

- The HELP Hampshire Stroke clinic will receive exercise referrals from stroke consultants at Hampshire Hospitals NHS Foundation Trust, and in particular from the Royal Hampshire County Hospital (Winchester). Specifically, this will be from their TIA clinic, Hyper-Acute Stroke Unit and Early Supportive Discharge team who will identify individuals with stroke who are suitable to engage in a community-based exercise programme. GPs from the local area can also refer individuals who have experienced a stroke and who are suitable to receive stroke rehabilitation, to the programme.
- Provide opportunity for a thorough health screening at the University of Winchester for all individuals with stroke referred to the programme. Screening will include the assessment of cardiovascular disease risk factors (blood pressure, blood lipid profile, etc.), aerobic fitness, walking asymmetry, neurological measures (balance, co-ordination, etc.) and



Chancellor: Alan Titchmarsh MBE VMH DL
Vice-Chancellor: Professor Joy Carter BSc PhD CGeol FGS

psycho-social health outcomes. Specialist physiotherapists from Hobbs Rehabilitation (neuro-physiotherapy practice in Winchester) will be supporting the screening assessments.

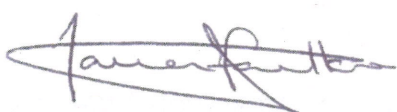
- Provide various group-based exercise opportunities for people living with stroke, including physiotherapist-led, circuit-based exercise, pilates, yoga, dance (ballroom), and motor-skill development sessions (i.e., walking football, for those physically able to take part). Participants will take part in a 12 week programme. A follow-up assessment identical to the screening assessment will be undertaken on completion of the the programme. Health professionals (GPs, Stroke Consultants) and participants will be provided individual feedback. Participants will be able to continue to engage with the programme following the initial 12 weeks.
- Provide educational seminars for people living with stroke, supporters and the wider community regarding the importance of exercise, nutrition, medication adherence, goal-setting, smoking cessation, etc.

What to do next?

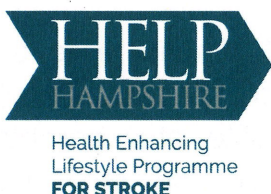
If you feel that [INSERT NAME]..... is suitable to take part in a monitored, group-focused, community-based exercise programme to assist their stroke rehabilitation, please complete the attached referral form and return to: **Dr James Faulkner, Programme Director of HELP Hampshire Stroke Clinic, Department of Sport, Exercise & Health, University of Winchester, Sparkford Road, Winchester, Hampshire, SO22 4NR.**

We look forward to hearing from you.

Yours sincerely,



Dr James Faulkner
Programme Director of HELP Hampshire Stroke Clinic
Email: enquiries@helphampshire.co.uk; **Tel:** 01962 624932



Be the difference.

Patient Referral Form

For HELP Hampshire Stroke Clinic Office use only

Date Received:

Unique Patient Reference Number.....

Name..... **D.O.B**.....

Address..... **Age**.....

..... **Gender**: Male Female

Telephone Number..... **Mobile Number**.....

Email Address.....

Current GPAQ Activity Level: Inactive Moderately Inactive Moderately Active Active

Current Blood Pressure..... **Current Resting Heart Rate**.....

Primary Reason for Referral

Clinically stable recognised medical condition. Choose one from the following;

- | | | | |
|---------------------------------------|--------------------------|--|--------------------------|
| Obesity BMI > 30 | <input type="checkbox"/> | Falls Prevention | <input type="checkbox"/> |
| Diabetes Mellitus | | Mental Health Disorders | |
| Type 1 | <input type="checkbox"/> | Stress | <input type="checkbox"/> |
| Type 2 | <input type="checkbox"/> | Anxiety | <input type="checkbox"/> |
| | | Depression | <input type="checkbox"/> |
| Musculoskeletal | | Cardiovascular Disease Variants | |
| Osteoarthritis | <input type="checkbox"/> | Hypertension | <input type="checkbox"/> |
| Rheumatoid Arthritis | <input type="checkbox"/> | Hypercholesterolaemia | <input type="checkbox"/> |
| Joint Replacement | <input type="checkbox"/> | Angina Pectoris | <input type="checkbox"/> |
| Osteoporosis | <input type="checkbox"/> | | |
| Simple Mechanical Back Pain | <input type="checkbox"/> | Cancer Rehabilitation | <input type="checkbox"/> |
| | | Stroke Rehabilitation | <input type="checkbox"/> |
| Respiratory Disorders | | Neurological Condition Management | |
| Asthma | <input type="checkbox"/> | Parkinsons Disease | <input type="checkbox"/> |
| Chronic Obstructive Pulmonary Disease | <input type="checkbox"/> | Multiple Sclerosis | <input type="checkbox"/> |

Current Medication

Additional relevant medical or therapy history

Any known functional impairment which may affect patients ability to complete activities of daily living or participate in exercise

Patient Consent

I agree to the release of medical details about me to the relevant members of the HELP Hampshire Stroke Clinic team. I understand that confidentiality is assured. I am undertaking this programme of my own accord.

Name:.....

Signature:.....**Date:**.....

Health Professional Consent

From my medical opinion, the above named patient is able to undertake a suitable programme of physical activity.

Name:.....

Signature:.....**Date:**.....

Role:.....

Organisation/ Practice:

Please note this form is valid for 6 months from date of referral