

THE NIGHTINGALE CENTRE

Professor Anthony Howell
Professor Gareth Evans

Chief investigator - Dr Michelle Harvie

Tel: 0161 291 4410 / 4411 michelle.harvie@manchester.ac.uk

Project Co-ordinator and Data Manager - Kath Sellers

Tel: 0161 291 4412 katharine.sellers@uhsm.nhs.uk

Dear General Practitioner

The patient (below) would like to join our Family History Lifestyle (FHL) study which is based at The Nightingale Centre at the University Hospital of South Manchester (UHSM).

To be filled out by patient:

Patient Name (please print):	_____	Patient Date of birth: __ / __ / ____
Patient Address:	_____	Tel No: _____
	_____	Postcode: _____

The FHL study involves the patient receiving diet advice to lose weight. The patient will also receive advice regarding a home based physical activity plan; with the patient building up to 150 mins of moderate activity per week (for example, brisk walking 30 mins per day for 5 days per week) plus resistance exercises to strengthen their arms, legs and trunk (for example, carrying groceries, climbing stairs, sit ups or lifting weights).

During our standard screening procedure, we asked your patient to answer 7 questions based on the Physical Activity Readiness Questionnaire (PAR-Q). Your patient answered “yes” to the following question(s):

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
2. Do you feel pain in your chest when you do physical activity?
3. In the past month, have you had chest pain when you were **not** doing physical activity?
4. Do you lose your balance because of dizziness or do you ever lose consciousness?
5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
7. Do you know of **any other reason** why you should not do physical activity?

To ensure that your patient proceeds in the safest way possible, we have advised them to consult with you about undertaking the FHL physical activity plan. Therefore, please could you complete and sign this form, indicating any necessary physical activity restrictions. **Please ask your patient to return the form to: FHL Study, Research Dietitians, The Nightingale Centre and Prevent Breast Cancer Centre, Wythenshawe Hospital, Manchester M23 9LT.**

If you would like more information about this matter, please contact the Family History Lifestyle (FHL) research team on Tel: 0161 291 4412 (Mon - Fri, 9am - 4pm) or email Lifestyleresearch@nhs.net

Yours sincerely

Dr Michelle Harvie

Professor Tony Howell

Professor Gareth Evans

Family History Lifestyle (FHL) Study: Physical Activity Readiness Declaration

Based upon my review of the health status of: _____ (please print patient's name)

Patient date of birth: __ / __ / ____ Patient NHS no: ____

I recommend the following (please tick one option):

☐ No physical activity (patient not suitable to join the FHL study)

☐ Physical activity with avoidance of:

☐ Unrestricted physical activity

GP Name (please print): _____

GP Signature: _____ Date: __ / __ / ____

GP Address or Practice Stamp:

GP please return this form to:

FHL Research Dietitians, Nightingale Centre, Wythenshawe Hospital, Southmoor Road, Manchester M23 9LT

Or

Patient please contact: Research Dietitians (Tel No: 0161 291 4412) to discuss joining the diet and physical activity programme and bring this form with you to your first appointment. Alternatively, you can email Lifestyleresearch@nhs.net