REFERRAL FORM

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| **Client Contact Details** |
| Name |  |
| Gender | Female ☐ Male ☐ | Date of Birth |  |
| Address |  |
|  |
|  | Postcode |  |

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| **Preferred method of contact** |
| ☐Telephone |  | ☐Mobile |  | ☐E-mail |  |

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| **Reason for referral i.e. Stroke/Cardiac/Cancer/MSK/Pain Management/Diabetes…..** |
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| **Active Options** - Please indicate the persons mobility level |
| ☐ High mobility  ☐ Low mobility |

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| **Cardiac Rehabilitation** - Please indicate the relevant cardiac event for which you are referring the client |
| **☐** MI | Date | **☐** Angioplasty/Stent | Date |
| **☐** CABG | Date | **☐** Pacemaker | Date |
| **☐** ICD | Date |
| **☐** Other |   |

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| **Cancer Self-Referral** |
| Diagnosis (type of cancer) | Stage (If Known) | ☐ During or ☐ After Treatment |
| Date of diagnosis | Type of Exercise wanted**☐** Walks ☐ Gym based ☐Group Circuit |

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| **Relevant medical history (all)** |  |
| ☐ Cardiac conditions | ☐ Surgery |
| ☐ Muscle, bone, joint conditions | ☐ Diabetes |
| ☐ Respiratory disease, e.g. COPD | ☐ Hearing/visual impairment |
| ☐ Epilepsy | ☐ Cancer |
| ☐ Dementia | ☐ Anxiety/Depression |
| ☐ Rheumatoid Arthritis |  |
| ☐ Other/Comments  |

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| **Authorisation** - I refer the above client to the physical activity scheme under the terms set out in the referral form |
| Signature of Referrer |  | Print Name |   |
| Designation |   | Place of Work |   |
| Telephone |   | Date of Referral |   |
| Email |   |

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| **Self-referral** *(For Persons with a Cancer diagnosis only)* |
| Signature |  | Date |   |

**Client Declaration**

The information you provide in this form will be kept confidential and held by Fife Sports and Leisure Trust on a secure database. Information will be used by authorised Fife Sports and Leisure Trust staff to help you plan your activity programme, and will also be used by Fife Sports and Leisure Trust for statistical purposes with all statistical data remaining anonymous Fife Sports and Leisure Trust will share your data with funders (on an anonymous basis) and may require to share your data with third parties if you suffer an injury or another medical emergency.

I hereby consent to my data being used in accordance with the statement above and declare that to the best of my knowledge there is no reason why I should not participate in a physical activity programme. I understand that I take part in any recommended programme entirely at my own risk and waive any legal recourse for damages arising from my participation. I also understand that I am responsible for monitoring my own responses during exercise and will inform the instructor of any new or unusual symptoms. I will also inform the instructor of any changes in my medication as soon as possible.

Client GDPR Agreement confirmed via phone call ☐Yes ☐No Date

H&PA Team Signature

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| **Referral Submission**Please send completed form via email to healthwellbeing@fifeleisure.org.uk or by post to the address detailed below:Health & Physical Activity Team, Fife Sports and Leisure Trust, Duloch Leisure Centre, Nightingale Place, Dunfermline KY11 8LW |