

BROMSGROVE DISTRICT AND REDDITCH BOROUGH COUNCIL ACTIVITY REFERRAL SELF-REFERRAL FORM

PATIENT DETAILS

SURNAME..... FIRST NAME/S.....

DATE OF BIRTH ADDRESS.....

EMAIL..... TEL NO.....

REFERRAL REASONS.....

PAST MEDICAL HISTORY.....

Do you currently use/take any of the following (please tick if yes)

Anticoagulants Beta Blockers Inhalers Oral Hypoglycaemic/Insulin

INCLUSION CRITERIA

Are you currently active? Yes No

EXCLUSION CRITERIA

Are any of your health conditions unstable or being investigated further Yes No

Have any of your health conditions been diagnosed in the last 3 months Yes No

Have you had a heart event or been diagnosed with heart disease Yes No

If you have answered yes to any of the above 3 questions then please speak to your GP to make sure you can carry out gentle exercise safely

Please rate your answer to the following questions on a scale of 0 (strongly disagree) to 5 (strongly agree)

Do you feel that being more physically active could improve your health?

Do you feel you are ready and able to become more physically active?.....

Do you feel that learning more about lifestyle improvements and implementing slight changes could improve your health?.....

Participants Signature.....

Date.....

Please return either by email or post to your Scheme Coordinator to the contacts below.

Email pat.honeyghan@bromsgroveandredditch.gov.uk / 01527 548203

Or send Patricia Honeyghan, Sports Development Unit, The Town Hall, Walter Stranz Square, Redditch, B98 8AH

