

Active North Ayrshire Self Referral Form

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| **Participant Details:**  Name (block capitals):­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Reason for Your Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Medical Conditions:**  Heart conditions (e.g. heart attack) Surgery (e.g. joint replacement)  Breathing conditions (e.g. asthma/copd) Hearing/visual impairment  Diabetes Cognitive impairment (e.g. dementia)  Neurological conditions (e.g. stroke) Muscle, bone, joint conditions  Epilepsy Poor mental health  Post Covid -19 Symptoms  **Additional comments/information**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Screening Questionnaire:**  Has your doctor ever said that you have a heart condition and should only do physical activity recommended by a doctor? Yes / No  Do you feel a pain in your chest when you do physical activity? Yes / No  In the past month, have you felt a pain in your chest when you were not doing physical activity? Yes / No  Do you lose balance because of dizziness or do you ever lose consciousness? Yes / No  Has your doctor ever said that you had a stroke? Yes / No  *Have you previously tested positive for Covid -19? Yes/No*  *If you have said yes to any of the above, please discuss this with your health professional as this activity programme may not be suitable for you at this time.*  **Consent:**  I agree to the information in this form being passed to the Active Lifestyles Team and to be contacted by telephone or email.  I acknowledge that all information will be confidential and held within Active Lifestyles for the purpose of Active North Ayrshire exercise referral programme.  ***Signature***:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Date***:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please email completed form to:** [**activelifestyles@kaleisure.com**](mailto:activelifestyles@kaleisure.com)  **PRIVACY AND DISCLAIMER**  We take your privacy seriously and will use your personal information out of legitimate interest to administer both your account and to provide the products and services you have requested from us. Your data will be shared as appropriate with third parties for agreed data processing and for the collection of subscription fees if applicable. Any exceptions to this will be with your prior consent. Please refer to our privacy policy at [www.kaleisure.com](http://www.kaleisure.com) for more details.  My participation in the exercise sessions is totally voluntary. I am responsible for monitoring my own condition throughout the sessions and, should any unusual symptoms occur, I will stop exercising immediately and inform the instructor/GP of these symptoms. If I am aware of any change in my health that could affect my ability to exercise, I will get advice from my GP before exercising. |