Link4Life

LivingWell
Heywood • Middleton • Rochdale • Pennines

EXERCISE REFERRAL FORM

Please complete all sections to enable us to offer the right Link4Life services.
All information will be held in confidence.

PERSONAL DETAILS

Name:	
Address:	
	Post Code:
D.O.B.	Gender: ☐ Male ☐ Female
Tel Home:	
Tel Work:	
Mobile:	
Are you currently a member of Link4Life? ☐ Yes ☐ No	

EMERGENCY CONTACT DETAILS

Name:	Relationship:
Tel Home:	Mobile:

MEDICAL CONDITIONS Please tick if you suffer from any of the conditions below:

☐ Heart Disease (please add details in notes)	☐ Pre-Diabetes
☐ Angina	☐ Diabetes Type 1
☐ High Cholesterol	☐ Diabetes Type 2
☐ High Blood Pressure	☐ Dizziness
☐ COPD	☐ Depression
☐ Asthma	☐ Anxiety
☐ Back Problems	☐ Parkinson’s
☐ Epilepsy	☐ Multiple Sclerosis
☐ Joint Replacement	☐ Stroke
☐ Rheumatoid Arthritis	☐ Disability
☐ Osteoarthritis	☐ BMI over 25
☐ Osteoporosis	☐ Other (PLEASE ADD DETAILS IN NOTES)

Notes:

Medication:

Blood Pressure (IF KNOWN):	Height (IF KNOWN):	Weight (IF KNOWN):

Continued overleaf >

MEDICAL CONDITIONS - CONTINUED

Hospitalisation, surgery or physiotherapy within the last 6 months or recent illness?

Have you had a fall in the last 6 months?

Current Investigations/Awaiting test results?

Do you have any special requirements? If yes, please give further information.

Do you have any allergies? If yes, please give further information.

Can you think of any other medical reason why you are unable to take part in these sessions?
(If yes, please give further information)

Doctors Name:	Surgery:	Tel:

AGENCY REFERRAL DETAILS (To be completed by the Referring Agency)

Agency name:

Name of referrer:

Tel No:

Contact Email:

Exercise option preferred:

DECLARATION OF PARTICIPANT

I declare that to the best of my knowledge, I have completed the details in this form correctly. I am aware that, should any of these details change at any time, I should inform the instructor of the session of these changes.

Print Name:	Signed:	Dated:

Either: Use the secure email address: paul.gardner@rochdale.gcsx.gov.uk
Or post to: Paul Gardner, Link4Life, Number One Riverside, Smith Street, Rochdale, OL16 1ZL.

For Further information contact: Paul Gardner – Programme Manager Health & Wellbeing Tel: 01706 926235