

Branching Out Referral Form for Earth for Life

Personal details
Name _____
Male / Female / Transgender / Other
Address _____ _____
Tel no. _____ D.O.B. _____
Next of kin _____
Relationship _____ Tel no. _____

Exercise readiness
<p>1. Has a doctor recently indicated that you should restrict your physical activity?</p> <p>Yes* <input type="checkbox"/> No <input type="checkbox"/></p> <p>2. Do you have high blood pressure that is <i>not</i> being treated and/or monitored?</p> <p>Yes* <input type="checkbox"/> No <input type="checkbox"/></p> <p>3. Do you have a heart condition that is <i>not</i> being treated and/or monitored?</p> <p>Yes* <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>*If you answered 'yes' to any of the above questions, please provide a letter from your GP/RMO outlining your suitability to take part in Branching Out.</i></p>

Medication
<p>4. Please give details of any medication you take which may affect exercise or first aid situations:</p> <p>_____</p> <p>_____</p>

Mental health
<p>5. What mental health issue(s) do you have?</p> <p>_____</p>

Physical health														
<p>6. Do you have any physical limitations that would make physical activity difficult?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Back pain <input type="checkbox"/></td> <td style="width: 50%;">Obesity <input type="checkbox"/></td> </tr> <tr> <td>Amputation <input type="checkbox"/></td> <td>Osteoarthritis <input type="checkbox"/></td> </tr> <tr> <td>Injury <input type="checkbox"/></td> <td>Rheumatic arthritis <input type="checkbox"/></td> </tr> <tr> <td>PVD <input type="checkbox"/></td> <td>Joint replacement <input type="checkbox"/></td> </tr> <tr> <td>Multiple sclerosis <input type="checkbox"/></td> <td>Other joint pain <input type="checkbox"/></td> </tr> <tr> <td>Osteoporosis <input type="checkbox"/></td> <td>Chronic fatigue <input type="checkbox"/></td> </tr> <tr> <td>Functional post stroke <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> </table> <p>Please give details _____</p> <p>7. Please give details of any breathing problems or allergies</p> <p>_____</p> <p>8. If you have epilepsy, how often do you have a seizure?</p> <p>Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Rarely <input type="checkbox"/></p> <p>9. If you are diabetic, which type do you have?</p> <p>Insulin-dependent <input type="checkbox"/> Non-insulin dependant <input type="checkbox"/></p> <p>10. Please give details of any learning difficulties</p> <p>_____</p> <p>11. Are you pregnant?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	Back pain <input type="checkbox"/>	Obesity <input type="checkbox"/>	Amputation <input type="checkbox"/>	Osteoarthritis <input type="checkbox"/>	Injury <input type="checkbox"/>	Rheumatic arthritis <input type="checkbox"/>	PVD <input type="checkbox"/>	Joint replacement <input type="checkbox"/>	Multiple sclerosis <input type="checkbox"/>	Other joint pain <input type="checkbox"/>	Osteoporosis <input type="checkbox"/>	Chronic fatigue <input type="checkbox"/>	Functional post stroke <input type="checkbox"/>	Other <input type="checkbox"/>
Back pain <input type="checkbox"/>	Obesity <input type="checkbox"/>													
Amputation <input type="checkbox"/>	Osteoarthritis <input type="checkbox"/>													
Injury <input type="checkbox"/>	Rheumatic arthritis <input type="checkbox"/>													
PVD <input type="checkbox"/>	Joint replacement <input type="checkbox"/>													
Multiple sclerosis <input type="checkbox"/>	Other joint pain <input type="checkbox"/>													
Osteoporosis <input type="checkbox"/>	Chronic fatigue <input type="checkbox"/>													
Functional post stroke <input type="checkbox"/>	Other <input type="checkbox"/>													

<p>I wish to join the Branching Out programme, and know of no reason why I cannot take part.</p> <p>Client's signature _____</p> <p>Do you receive Self Directed Support?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Referring Service Details
<p>I wish to refer this participant to Branching, and know of no reason why he/she cannot take part</p> <p>Name _____ Job title _____</p> <p>Referring service _____ Date __ / __ / __</p>

PLEASE COMPLETE & RETURN ELECTRONICALLY OR BY POST TO: Earth for Life, 20A, Urquhart St, Forres, IV36 1DD
 Earth for Life CIC is a data controller under the General Data Protection Regulations 2018. Referral forms will be stored for one year, & only be used for the purposes of the Branching Out programme & other ecotherapy services offered by us. This may include passing names, where appropriate, to the John Muir Trust & similar organisations who might subsequently become part of the programme. You have the right to tell us to give you details of what data we hold about you, & to remove your data from our databases following the conclusion of your involvement in Earth for Life programmes. This may be done in writing, via email or telephone call, which will be logged for records.