Branching Out Referral Form

Personal details

Name ____________________________________

Male / Female / Transgender / Other

Address __________________________________

____

Tel no. _________________ **D.O.B.**____________

Next of kin _________________________________

Relationship______________ **Tel no.** ___________

Exercise readiness

1. Has a doctor recently indicated that you should *restrict* your physical activity?

Yes* ☐ No ☐

2. Do you have high blood pressure that is *not* being treated and/or monitored?

Yes* ☐ No ☐

3. Do you have a heart condition that is *not* being treated and/or monitored?

Yes* ☐ No ☐

**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.*

Medication

4. Please give details of any medication you take which may affect exercise or first aid situations:

____

Mental health

5. What mental health issue(s) do you have?

____

Physical health

6. Do you have any physical limitations that would make physical activity difficult?

Back pain	☐	Obesity	☐
Amputation	☐	Osteoarthritis	☐
Injury	☐	Rheumatic arthritis	☐
PVD	☐	Joint replacement	☐
Multiple sclerosis	☐	Other joint pain	☐
Osteoporosis	☐	Chronic fatigue	☐
Functional post stroke	☐	Other	☐

Please give details______________________________

7. Please give details of any breathing problems or allergies

____

8. If you have epilepsy, how often do you have a seizure?

Daily ☐ Weekly ☐ Monthly ☐ Rarely ☐

9. If you are diabetic, which type do you have?

Insulin-dependent ☐ Non-insulin dependant ☐

10. Please give details of any learning difficulties

____

11. Are you pregnant?

Yes ☐ No ☐

I am in receipt of SDS: Yes No

I wish to join the Branching Out programme and know of no reason why I cannot take part:

Client's signature___________________________

Referring Service Details

I wish to refer this participant to Branching Out, and know of no reason why he/she cannot take part

Name _______________ **Job title** _______________

Referring service _______________ **Date** __ / __ / __

PLEASE COMPLETE & RETURN ELECTRONICALLY OR BY POST TO: Earth for Life, 20A, Urquhart St, Forres, IV361DD

Earth for Life is a data controller under the Data Protection Act 1998. Referral forms will be stored for one year, and only be used for the purposes of the Branching Out programme.