

Self Referral - Better Balance Class

Patients Details	GP's Details
Name: Address: D.O.B: NHS Number: Telephone: Email:	Name: Surgery: Telephone: <div style="background-color: #cccccc; text-align: center; padding: 2px;">In Case of Emergency / Next of Kin Details</div> Name: Telephone: Relationship:
Falls/Balance Related Details	
Date of most recent fall: Details (<i>Associated symptoms e.g. dizziness, loss of consciousness/ Injuries sustained etc</i>):	History of previous falls? Number of previous falls in last 12 months: Details:
Current level of activity (<i>use of walking aid?</i>):	Any other relevant information:
Past/Current Medical History	
Conditions (<i>E.g. Diabetes, Respiratory Disease, Cardiac Disease, OA, Osteoporosis, RA, Joint surgery/replacement, Hypotension, Visual/Hearing Disabilities, etc</i>):	Medication:

I am satisfied that there are no contraindications to exercise and have shared all details that I consider relevant to my ability to exercise.

Signature:

Date:



For most people physical activity should not pose any problem or hazard, but the PAR-Q has been designed to identify the small number of people for whom it would be wise to have medical advice before starting. Please read the questions carefully and answer each one honestly. **All information given will be strictly confidential.**



		Yes	No
1	Has your doctor ever said that you have a heart condition and recommended only medically approved physical activity		
2	Do you have chest pain brought on by physical activity?		
3	In the past month, have you developed chest pain when you were <u>not</u> doing physical activity?		
4	Do you suffer from breathlessness after slight exertion?		
5	Do you lose your balance as a result of dizziness or do you ever lose consciousness?		
6	Do you have a bone or joint problem that could be aggravated by the proposed physical activity?		
7	Is your doctor currently prescribing you any medication (for example, inhalers, water pill). If Yes please ensure these are stated overleaf:		
8	Are you pregnant, or have you been pregnant in the past six months?		
9	Are you aware, through your own experience or a doctor's advice, of any other reason for not exercising without medical approval?		

I understand that if I answered **YES** to one or more of the above questions, I should have the consent of my doctor before undertaking a physical activity programme.

If you have answered **NO** honestly to all PAR-Q questions, you can be reasonably sure that you can start to become more physically active. Begin slowly and build up gradually. This is the safest and easiest way to go.

Signed

Date.....

Patient Informed Consent:

The Healthy Lifestyle Scheme is a partnership between Stroud District Council, Gloucestershire County Council, Gloucestershire Clinical Commissioning Group, Gloucestershire Care Services, Gloucestershire Hospitals NHS Foundation Trust, Stratford Park Leisure Centre, The Pulse, Fifth Dimension, and Richmond Village, which is intended to provide initiatives that promote and aid a healthy lifestyles.

The Healthy Lifestyle Scheme will process your medical details for the following purposes:-

- To enable us to assess your medical fitness and suitability for the Healthy Lifestyle Scheme initiative you have been referred to;
- To enable us to respond to any medical emergencies which arise during your involvement with the Health Lifestyle Scheme. We may pass this information to health professionals when dealing with any medical emergency;
- To enable the relevant Healthy Lifestyles Class Instructor to deliver an exercise session suitable for your medial conditions. This means that we will share relevant medical information about you that you have provided to us, with the Healthy Lifestyles Class Instructor who may be based at either Stratford Park Leisure Centre, The Pulse, Fifth Dimension and Richmond Village.

By ticking each box I consent to my sensitive personal details being processed for each purpose listed. You have the right to withdraw your consent at any time. Further information about your rights and how Stroud District Council processes your Information can be found on our [Privacy Policy](#).

I understand that I am responsible for monitoring my own responses to exercise and will inform the instructor of any changes in my condition that may impact on my ability to participate

Signed **Date**