

Active for Life Referral Form

For people with mental health problems

The person below is interested in: **Taster Sessions / Buddy Programme** (please circle option)

Personal Details

Name: _____

Date of Birth: _____ / _____ / _____

Address: _____

Contact Number: _____

Ethnic Origin: _____

Gender: Male Female

Are there any times / days of the week where you would not be able to attend sessions?

Is there anyone you would like to bring with you e.g. parent, carer, support worker?

YES NO Name: _____

Number: _____ Relationship: _____

In an emergency please contact: Name: _____

Number: _____ Relationship: _____

Do you have a professional supporting you? e.g. CPN, consultant, social worker, GP etc

YES NO

Name of professional: _____

Do we have your permission to share information with this person?

YES NO

Name of referrer: _____ Contact Number: _____

Physical Activity Readiness Questionnaire (PAR-Q)

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 1. Do you have a heart condition? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Do you ever feel pain in your chest? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Do you ever feel dizzy and lose your balance? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Do you have a bone or joint problem which could be made worse by physical activity? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Do you have Epilepsy? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Do you have Asthma? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. Do you have high blood pressure? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8. Are you pregnant or have been in the last 6 months? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 9. Any other health conditions (including allergies) you feel we should know about which might effect you taking part in taster sessions? | | | | |

If I have answered yes to one or more of these questions I should speak to my doctor to check that I am healthy enough to do some light exercise. I understand that I am exercising at my own risk and do not have to take part in anything I do not want to. Plymouth Guild assumes no liability for persons who undertake physical activity. This information will be held by Plymouth Guild in a locked filing cabinet and will be destroyed after three years.

Please tick the box if you would like Active for Life to let you know about future events

Please tick the box if you are happy for any photographs taken to be used to promote Active for Life e.g. in leaflets, on the website etc.

I understand and accept this statement

Signed

Date
