

All area's must be completed as fully as possible

<b>Surname:</b>		<b>NHS Number</b>	
<b>First Name:</b>		<b>Date of Birth:</b>	
<b>Address:</b>		<b>Sex:</b>	
Line 2		<b>Home Tel No:</b>	
Line 3		<b>Mobile No:</b>	
<b>Post Code:</b>		<b>Works No:</b>	
<b>Referred By (or) Self Referred:</b>		<b>Name of GP:</b>	
<b>Referrers Signature:</b>		<b>Practice/Surgery:</b>	

<b>Blood Pressure:</b>	<b>Heart Rate:</b>	<b>Height:</b>	<b>Weight:</b>	<b>B.M.I.</b>	<b>Waist Circumference:</b>

**Reason for Referral:**

**Relevant Medical History:**

**Any Current Medication:**

Please indicate if the patient is susceptible to any of the following conditions: -  
(Please mark with an X)

Arrythmia	Impaired Alertness	Asthma/COPD	
Hypoglycemia	Osteoporosis	Hypertension	
Joint Pain	Infection	Angina	
Dizziness Falls	High Cholesterol	Arthritis	



# Exercise on Referral Scheme Application Form



### Any specific exercises to be included?

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I the patient, give my explicit consent for any relevant clinical information about my health and wellbeing to be transferred to the Healthy Living Project Team and referral instructor.

Patient Signature	Date

I the referrer have checked the schemes referral criteria and deem my patient appropriate to take part in the Healthy Living Project. **No signature is required for self-referring.**

Health Professional Signature	Date

### Data Protection Declaration

Botcherby Community Centre values the importance to handling and securing your data and conforms to new General Data Protection Regulation (GDPR). All information collected on the patient record will be dealt with confidentially by Botcherby Community Centre under the (HSC 200/09) Data Protection Act 1998. Information will only be used by Botcherby Community Centre to audit outcomes and plan further services. All information will be anonymous. For more information please visit the website or speak to a member of staff.

**Please sign here if you agree to the above:**

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### Please return to:

**Healthy U Scheme**, Botcherby Community Centre, Victoria Road, Carlisle, Cumbria, CA1 2UE  
*Or email:* paul.jennings@botcherbycc.co.uk