

GETTING ACTIVE THROUGH EXERCISE PROJECT
REFERRAL FORM
(non-clinical)

Date of Referral...../...../.....

Referrer's Name (please print)

Address:

Tel

Fax

Designation

GP Name (Please Print)

Tel

Fax

Address

Participant's Name (Please Print)

M/F

Date of Birth:

Address:

Postcode:

Tel no:

Reason for Referral

Has this patient had a falls assessment? YES/NO
If 'Yes', date of assessment:

Please describe any health conditions that may affect the individual's ability to complete and sustain an exercise programme:

Is there any information we should be aware of in order to ensure a safe consultation?

*Signature of Referrer.....
Date*

Please fax completed form to fax no. 0161 203 5817
Or post to Manchester Public Health Development Service - Getting Active Through Exercise Project, Victoria Mill, 10 Lower Vicker's St, Miles Platting, Manchester, M40 7LJ