**Exercise Class Referral Form**

|  |  |
| --- | --- |
| Name |  |
| D.O.B |  |
| Address |  |
| Telephone number |  |
| Email |  |
| GP name and surgery |  |
| Emergency contact name and number |  |
| What you would like to achieve from attending the group | 1.  2.  3. |

Medical questionnaire

Have you or are you currently experiencing any of the following conditions?

If ‘yes’ please give details

|  |  |  |
| --- | --- | --- |
|  | Yes or No | If yes please give more details |
| Epilepsy |  |  |
| Heart problems |  |  |
| Breathing problems |  |  |
| Joint replacements |  |  |
| High or low blood pressure |  |  |
| Osteoporosis |  |  |
| Any orthopaedic condition e.g broken bones, if so when? |  |  |
| Are you pregnant? |  |  |
| Have you had any recent injuries or surgery? |  |  |
| Asthma |  |  |
| Visual impairment |  |  |
| Hearing impairment |  |  |
| Communication problems or difficulties |  |  |
| Osteoarthritis |  |  |
| Stroke |  |  |
| Diabetes |  |  |
| Depression |  |  |
| Back pain |  |  |
| Cancer |  |  |
| Dermatitis |  |  |
| COPD |  |  |
| Osteoporosis |  |  |
| Multiple sclerosis |  |  |
| Tone or spasticity |  |  |
| Rheumatoid Arthritis |  |  |
| Any recent unexplained weightloss? |  |  |
| Have you had any falls in the last 2 years |  |  |
| Have you ever had any other major illnesses not included above |  |  |
| Do you get pain regularly? |  | If yes please state where: |
| Do you have any allergies? |  | If yes please state what: |
| Do you lose your balance because of dizziness?? |  |  |
| Medication Are you currently taking any medication? |  | Please list all current medication: |
| Have you ever taken anticoagulants, drugs to thin the blood? |  |  |
| Have you ever taken steroids? |  |  |
| Any other information that you feel may be relevant? |  |  |

Functional Ability

|  |  |  |
| --- | --- | --- |
|  | Yes/ No | Details |
| Can you sit unsupported on a bench or the edge of a bed? |  |  |
| Can you stand up from a chair by yourself? |  |  |
| Can you walk with or without an aid?  If yes roughly how far before you would need a rest? |  |  |
| If no to the above question how do you transfer? Do you require any equipment? |  |  |
| Can you climb stairs? |  |  |
| Can you get on and off the floor? |  |  |
| Do you use any splints? |  |  |
|  |  |  |

All completed forms much be returned prior to commencement of the group. Forms can be emailed to [Minsterneurophysio@hotmail.com](mailto:Minsterneurophysio@hotmail.com) or posted to Minster Neuro Rehab, 17 Gerard Avenue, York, YO31 0QT.

There will be limited spaces available on each programme. Places will be allocated on a first come first served basis. If there is sufficient interest more groups will be organised. All information provided will be stored securely as per the Data protection act 1998.