

Move More Perth and Kinross
Expert support to get you moving







Move More Perth and Kinross self-referral form

Participant details: Title First name Surname Address Postcode Telephone Email Medical conditions: Heart conditions (e.g. heart attack) Surgery (e.g. joint replacement) Breathing conditions (e.g. asthma) Hearing/visual impairment **Diabetes** Cognitive impairment (e.g. dementia) Neurological condition (e.g. stroke) Muscle, bone, joint conditions Epilepsy Additional comments/information that is relevant to attending Move More Perth and Kinross e.a. arthritis, low mood etc: Move More screening questionnaire: Has your doctor ever said that you have a heart condition and should only do physical activity recommended by a doctor? Yes No Do you feel a pain in your chest when you do physical activity? In the past month, have you felt a pain in your chest when you were not doing physical activity? Yes Do you lose your balance because of dizziness or do you ever lose consciousness? Yes No Has your doctor ever said that you had a stroke? Yes Nο If you have answered yes to any of the questions above please discuss this with your health care professional as this activity programme may not be suitable for you at this time. Patient consent (Data Protection Act 1998): I have been informed about the Move More Perth and Kinross programme and wish to join a physical activity group Yes I agree to the information in this form being passed to the Move More team at Perth and Kinross and to being contacted by telephone or email No I acknowledge that all information will be confidential and held at Move More Perth and Kinross for the purpose of the Move More programme Nο Signature Date

Please email completed forms to: movemorep&k@liveactive.co.uk

or post to: Macmillan Move More Co-Ordinator, Caledonia House, Hay Street, Perth PH1 5HS Telephone: **01738** 454651

All information passed to Move More is held in the strictest confidence under the guidelines of Data Protection Act 1998.