St John the Evangelist East Dulwich,

62a East Dulwich Road, SE22 9AT

Strong and Steady Exercise Group

07961 580 920

goosegreencoffeemorning@gmail.com

**Self-Referral - The Strong and Steady Exercise Group**

**Full Name:** Click or tap here to enter text. **Date of Birth**:Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Telephone Number:** Click or tap here to enter text. **email:** Click or tap here to enter text.

**Next of kin or emergency contact details Name:**Click or tap here to enter text.

**Telephone Number:** Click or tap here to enter text. **Relationship:**Click or tap here to enter text.

**Have you previously attended NHS strength and balance exercise classes**? Choose an item.

*If you have recently finished a programme, ask your exercise instructor to support this referral.*

**Please tick the boxes as relevant:**

**I understand what will happen when I attend the exercise group and I intend to:**

* Attend once a week for at least 12 weeks [ ]
* Let you know if I cannot attend [ ]
* Carry out exercises at home (as instructed) to make the most out of the programme [ ]

**I am able to walk at least 10 metres/yards with or without a stick** [ ]

**I can stand still for at least one minute without holding onto anything** [ ]

**I am able to follow the exercise instruction** [ ]

**I have included the GP clearance form and confirm I do not have any medical conditions on the list** [ ]

**Signed**        **Dated**Click or tap to enter a date.

We will contact you to make arrangements for a pre-assessment

By providing your personal data on this form you consent to us using your personal data in accordance with our Parish Privacy Policy which is set out in our Parish Privacy Notice. A copy of this is available on our website, and is displayed in the Goose Green centre.

**Exercise instructor support**

If you have recently completed an NHS strength and balance training programme, please ask your exercise instructor to complete the following information:

**Name and date of birth of proposed exercise group participant:**Click or tap here to enter text.

**Name of exercise instructor:**Click or tap here to enter text.

**Contact details for exercise instructor:**Click or tap here to enter text.

**To my knowledge, the person named above does not have any contraindications to participating in strength and balance exercise**: [ ]

Please provide details of the level at which the person named above was exercising in the class. Include, ability to complete exercise in standing, level of resistance used, progress to more complex balance training (obstacle work etc.) and ability to participate in floor work.

Click or tap here to enter text.

**Signed and dated by exercise instructor:**Click or tap here to enter text.

**GP clearance form**

Please ask you GP to complete this form or to provide a note with the following information:

The person named below has expressed interest in participating in the evidence-based strength and balance training group “Strong and Steady exercise group” which is held at the Goose Green Centre, St John’s East Dulwich. The following screening is required to ensure that exercise is safe and effective. Please contact Julie.whitney@nhs.net if you would like more information. Thank you for completing

**Name of proposed exercise group participant:**Click or tap here to enter text.

**Date of birth of proposed exercise group participant:** Click or tap here to enter text.

Has the person named above had any of the following:

**Two or more unexplained / uninvestigated falls?** Choose an item.

**History of blackouts that have not been investigated?** Choose an item.

*These are not contraindications but will require investigation prior to starting the exercise group. Please consider investigating within primary care or referring for further assessment by falls clinic or community falls and rehab services.*

Has the person named above had any of the following:

Unstable angina? Choose an item.

Systolic blood pressure ≥ 180 and/or diastolic ≥ 100 mmHg? Choose an item.

BP drop > 20 mmHg on exercise tolerance test? Choose an item.

Resting tachycardia > 100 bpm? Choose an item.

Uncontrolled atrial or ventricular arrythmias? Choose an item.

Unstable or acute heart failure? Choose an item.

Unstable diabetes? Choose an item.

Moderate-severe cognitive impairment Choose an item.

*Unfortunately, it would not be safe for the person to safely participate in the Strong and Steady group with any of these conditions*

**Name of GP:** Click or tap here to enter text. **Signature:** Click or tap here to enter text.

**Date:** Click or tap to enter a date. **Practice:** Click or tap here to enter text.