## MOVE MORE EAST LOTHIAN EXPERT SUPPORT TO GET YOU MOVING

SELF-REFERRAL FORM





In partnership with



Macmillan Cancer Support, registered charity in England and Wales (261017), Scotland (SCO39907) and the Isle of Man (604).



## Your details:

Title	First name		Surname		
Address		Po	stcode	Date of Birth	
Phone		Email			
Health Info	rmation:				
Cancer Type:				Diagnosis date:	
Other Medical Conditions:					
☐ Heart conditions (e.g. heart attack)			☐ Surgery (e.g. joint replacement)		
☐ Breathing conditions (e.g. asthma)			☐ Hearing / visual impairment		
☐ Cognitive impairment (e.g. dementia)			☐ Diabetes		
☐ Neurologica	) [	□ Epilepsy			
☐ Muscle, bon	e, joint conditions				
Additional comments/information that is relevant to attending the Move More East Lothian programme e.g. 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? $\square$ Yes $\square$ No					
Do you feel a pain in your chest when you do physical activity? ☐ Yes ☐ No					





In the past month, have you felt a pain in your chest when you were not doing physical activity? $\Box$ Yes $\Box$ No					
Do you lose your balance because of dizziness, or do you ever lose consciousness $\Box$ Yes $\Box$ No					
Has your doctor ever said that you had a stroke? ☐ Yes ☐ No					
Your Consent (Data Protection Act 1998)					
I have been informed about the Move More East Lothian Programme and wish to join a physical activity group or supported activity $\square$ Yes $\square$ No					
I agree to the information in this form being passed to the Move More East Lothian Team for the purpose of the Move More Programme $\square$ Yes $\square$ No					
Signature	Date				

Please email completed forms to <a href="movemore@enjoyleisure.com">movemore@enjoyleisure.com</a>

Or post to: Move More East Lothian, Head Office, enjoyleisure, Musselburgh Sports Centre, Musselburgh, East Lothian, EH21 7AS. Tel: 0131 653 5264



