

Steady Steps Referral Form

Participant Details	
Title	
Forename	
Surname	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Mx <input type="checkbox"/> Prefer not to say
Date of birth	
Address	
	Postcode
Email	
Phone	
Emergency Contact	Name
	Tel

Referrer Details	
Forename	
Surname	
Job Title/ Profession	
Organisation/ Department	
Address	
Postcode	
Email	
Phone	

Suitability for Referral	
Currently clinically able to participate <input type="checkbox"/>	Agreed to engage in 16 week activity programme <input type="checkbox"/>
Plus at least one of the following: (tick as appropriate)	
History / at risk of falling <input type="checkbox"/>	Feeling unstable / unsteady <input type="checkbox"/>
Low bone density / Previous fracture <input type="checkbox"/>	Poor gait / balance <input type="checkbox"/>
Medical History (tick as appropriate)	
Osteoporosis <input type="checkbox"/>	Cerebrovascular Disease (including Stroke) <input type="checkbox"/>
Orthopaedic Conditions (please give details below) <input type="checkbox"/>	Cardiovascular Condition (please give details below) <input type="checkbox"/>
Arthritis (please provide type and details below) <input type="checkbox"/>	Hypertension only refer if under control <input type="checkbox"/>
Postural Hypotension <input type="checkbox"/>	Angina only refer if under control <input type="checkbox"/>
Diabetes Type I <input type="checkbox"/>	COPD <input type="checkbox"/>
Diabetes Type II <input type="checkbox"/>	Asthma <input type="checkbox"/>
Anxiety <input type="checkbox"/>	Parkinson's Disease <input type="checkbox"/>
Depression <input type="checkbox"/>	Dementia <input type="checkbox"/>
Other (please give details below) <input type="checkbox"/>	
Fall History in LAST FOUR MONTHS	
No. of injurious falls	No. of bed days relating to a fall:
No. of A&E admissions relating to a fall	Advised to bring list of medications on first day of programme <input type="checkbox"/>
List of current medication	

Steady Steps Referral Form

Additional relevant information (tick as appropriate)	
Walking aid required <input type="checkbox"/>	Impaired vision <input type="checkbox"/>
Impaired cognition <input type="checkbox"/>	Impaired hearing <input type="checkbox"/>
Support Needs (tick as appropriate)	
Carer attending with participant <input type="checkbox"/>	
Discharge Information	
Has Steady Steps enabled you to discharge this patient earlier than you otherwise would have done? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, by how long?
Comments on discharge time	

Data Protection & Consent

Edinburgh Leisure Privacy Notice

The information on this form will be forwarded to Edinburgh Leisure to progress this physical activity referral.

Privacy is important to Edinburgh Leisure and the information on this form will only be used to enable Edinburgh Leisure to deliver and improve their services. Edinburgh Leisure will never sell anyone's data and will only keep data for as long as necessary to deliver and evaluate services.

There is more detail on Edinburgh Leisure's privacy notice on the website; www.edinburghleisure.co.uk/data-protection or you can send enquires to enquiries@edinburghleisure.co.uk or call 0131 458 2260.

By ticking the following boxes, you are confirming that, as the referrer detailed above:

- You have informed us of any contra-indicators that you are aware of which may affect the individual's ability to take part in physical activity.
- You have explained to the patient, detailed above, that this information will be passed to Edinburgh Leisure and they have given you their explicit consent for this to happen.

Referrer Signature	
Date	

Please return completed forms to Active Communities using one of the following methods:

By email:

active@edinburghleisure.co.uk or loth.active@nhslothian.scot.nhs.uk (if sending from an NHS account)

By post:

Active Communities, Edinburgh Leisure, Meadowbank Sports Centre,
139 London Road, Edinburgh, EH7 6AEF

* As you are transferring personal data we recommend that you use encrypted emails or recorded delivery as appropriate.

www.edinburghleisure.co.uk

Registered Scottish Charity No: SC027450

Working together for a caring,
healthier, safer Edinburgh



Edinburgh Leisure
The Biggest Club in Town