

Movement for Memories 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	
GP Practice	

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

Has the patient been diagnosed with dementia? (Patients do not need a formal diagnosis of dementia to be referred, but they must show signs that they likely have dementia)	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical History (tick as appropriate)	
Angina - only refer if under control <input type="checkbox"/>	Diabetes Type I <input type="checkbox"/> or Type II <input type="checkbox"/>
Arthritis (please state type below) <input type="checkbox"/>	Hypertension - only refer if under control <input type="checkbox"/>
	Osteoporosis <input type="checkbox"/>
Asthma <input type="checkbox"/>	Parkinson's Disease <input type="checkbox"/>
Cardiovascular Condition (give details below) <input type="checkbox"/>	Orthopaedic Conditions (give details below) <input type="checkbox"/>
Cerebrovascular Disease (including Stroke) <input type="checkbox"/>	Postural Hypotension <input type="checkbox"/>
COPD <input type="checkbox"/>	
Other (please give details below) <input type="checkbox"/>	
List of current medication:	
Does your patient receive any support or care for their Dementia? If so, please leave contact details below of the person who supports or cares for them.	
Name	
Address	
Postcode	Contact Details

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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

By post:

Active Communities, Edinburgh Leisure, Craiglockhart Leisure & Tennis Centre, 177 Colinton Road, Edinburgh, EH14 1BZ

* 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

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healthier, safer Edinburgh




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