

Move More Aberdeenshire Referral Form

01467 534360 movemore@aberdeenshire.gov.uk

Please send completed forms to:

Move More Aberdeenshire, Westhill Community Centre, Hays Way, Westhill,

AB32 6XZ

Participant name:		Emergency contact:		
D.O.B: Address:		Tel no:		
Postcode: Tel no:		Relationship:		
Email:		OD tol.		
GP Practice:		GP tel:		
<u>Diagnosis:</u>		Treatment (e.g. surgery):		
		Medication:		
Date of diagnosis:				
Medical Conditions Yes	No	Move More screening questionnaire:	Yes	No
Heart conditions (e.g. heart attack)		Has your doctor ever said you have a heart condition and should only do physical activity recommended by a doctor?		
Breathing conditions (e.g. asthma)		Do you feel pain in your chest when you ophysical activity?		
Diabetes		In the past month, have you had pain in your chest when you were not doing The past month, have you had pain in your chest when you were not doing		
Neurological condition (e.g. stroke)		physical activity? 4. Do you lose your balance because of dizziness or do you ever lose consciousness? 5. Has your doctor ever said that you had a stroke?		
Epilepsy				
Surgery (e.g. joint replacement)				
Hearing/visual difficulty		Sport & Physical Activity Privacy Notice (GDPR 2018) Some personal data is collected and stored by Aberdeenshire Council when you undertake activities run by the Sport & Physical Activity section of Aberdeenshire Council. The reasons for holding this information are detailed below. Most information is held by Aberdeenshire Council, who are both the Data Controller and Data Processor http://publications.aberdeenshire.gov.uk/dataset/sport-and-physical-activity-privacy-notice I have read and understood the links provided		
Cognitive impairment (e.g. dementia)				
Bone, muscle, joint condition (e.g osteoporosis)				-notice
Other relevant information		regarding the privacy notice when making this application		

Your participation in this programme will not affect your medical or nursing treatment in any way.

Participant's signature	Date
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