

**Move More Aberdeenshire Referral Form**  
01467 534360 [movemore@aberdeenshire.gov.uk](mailto:movemore@aberdeenshire.gov.uk)

Please send completed forms to:

Move More Aberdeenshire, Westhill Community Centre, Hays Way, Westhill,  
AB32 6XZ

**Participant Details**

Name		DOB	
Address			
Postcode			
Phone			
Email			

**Referring Health Professional**

Name			
Designation		Place of work	
Email		Phone	
Signature		Date	

**Emergency Contact Details**

Name		Phone No.	
GP		Phone No.	

**Essential Information**

Diagnosis		Date	
Treatment Type			
Treatment Status <input type="checkbox"/> Planned <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed			
Medication			
Other relevant information			

### Past Medical History

- |  |  |
|--|--|
| <input type="checkbox"/> Cardiac                 | <input type="checkbox"/> Respiratory Disease       |
| <input type="checkbox"/> Surgery                 | <input type="checkbox"/> Diabetes                  |
| <input type="checkbox"/> Muscle, Bone, Joint     | <input type="checkbox"/> Cognitive Impairment      |
| <input type="checkbox"/> Neurological Conditions | <input type="checkbox"/> Hearing/Visual Difficulty |
| <input type="checkbox"/> Other _____             | <input type="checkbox"/> Epilepsy                  |

Additional Comments: \_\_\_\_\_

### Screening Questionnaire

- The client does not have an unstable cardiac condition which would contraindicate physical activity
- The client does not suffer from unstable angina
- The client does not suffer from drop-attacks or blackouts
- This client does not suffer from unstable/acute neurological condition (e.g. recent CVA)

### Patient Consent

Some personal data is collected and stored by Aberdeenshire Council when participating in Live Life Aberdeenshire activities. The reasons for holding this information is detailed in the link provided. Most information is held by Aberdeenshire Council who is both the data controller and the data processor

<http://publications.aberdeenshire.gov.uk/dataset/sport-and-physical-activity-privacy-notice>

<input type="checkbox"/> I have read and understood the information in the links provided regarding the privacy notice when making this application
<input type="checkbox"/> I declare that, to the best of my knowledge, I know of no reason why I should not participate in physical activity. I understand that I undertake physical activity at MY OWN RISK. I acknowledge that there are risks and dangers inherent in physical exercise. I agree to abide by any safety or instructional notices displayed in the centre and any guidance provided by staff.

Signature.....

Date.....