

**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    |  |     |  |

**GP Information**

|         |  |
|---------|--|
| Name    |  |
| Address |  |

**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

- I do not have an unstable cardiac condition which would contraindicate physical activity
- I do not suffer from unstable angina
- I do not suffer from drop-attacks or blackouts
- I do not suffer from unstable/acute neurological condition (e.g. recent stroke)

### 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.....