

Steady On Your Feet Referral Form

Falls management exercise programme (FaME)

Please complete this form and return it to:

Vista Wellbeing
Mill Lane Studios
1 Mill Lane
Barnstaple
EX31 1JQ

If you have any questions regarding the Steady On Your Feet Programme - or have questions about this form - please contact Vista Wellbeing at info@vistawellbeing.org.uk or call us on 07900 041258



Steady On Your Feet Referral Form

Thank you for your interest in the Steady On Your Feet programme.

This programme is fully funded by the NHS, managed by One Northern Devon and co-ordinated by Vista Wellbeing CIC. If you have any questions, please contact Vista Wellbeing at info@vistawellbeing.org.uk, or 07900 041258 in the first instance. This form can be completed by the person wanting to attend sessions or by a referring health professional.

Please give below the email address for the person completing this form

** Indicates required question*

1. Email *** for the person completing this form

2. About the person completing this form ***

Mark only one oval.

I am completing this for myself

I am a health professional completing the form for another person (if you select this option please use the next question to give further details)

3. How did you hear about this programme?

Examples could be: Wellbeing Team, Text from GP, Friend etc

4. Referring Professional details

Please use this section to provide us with more information about the referral route. Please include your name, position and contact details.

Client Details

5. Your Name *

Please give your first and last name and a contact phone number (landline or mobile)

6. Your Address *

Please include your Post Code

7. Your email address

8. Your date of birth *

Example: 7 January 2019

9. Do you consider yourself to be living with a disability
Please say in your own words giving relevant detail

10. Please provide your NHS number *
- You should be able to find this on any hospital or GP correspondence. Your GP surgery can provide this if you have problems finding it.

About your GP and Health Professionals Team

11. Your GP's name, surgery details and telephone number *

12. Other Health Professionals involved in your care *
- If you only see your GP please enter N/A below.

Falls History

13. Have you had a fall within the last 12 months *

Tick all that apply.

Yes

No

14. If you have had a fall within the last 12 months - how many falls have you had? *

If this does not apply please enter N/A

15. If you have had a fall within the last 12 months were you injured *

Mark only one oval.

Yes

No

Not applicable - I have not had any falls within the last 12 months

16. If you were injured did you seek medical attention *

Mark only one oval.

Yes

No

Not applicable - I have not had any falls within the last 12 months

17. If you did sustain injuries please give details *

If not applicable please enter N/A

Your medical history

Please answer as fully as possible.

18. Please provide details of any diagnosed medical conditions. If not applicable *
please enter N/A

19. Please provide details of any current medications you are taking *
If not applicable please enter N/A

20. Are you awaiting any medical investigations or results from tests? *
If YES please give details. If NO please enter N/A

21. Which location would be most suitable for you *

Tick all that apply.

- Barnstaple
- Braunton
- Ilfracombe
- Bideford
- South Molton
- Holsworthy
- Torrington

22. Can you access classes independently *

Tick all that apply.

- YES - I can make my own way to class
- NO - I need assistance with transport

Terms and Conditions

I agree for the above information to be passed on to the exercise instructor responsible for my course of exercise, and any health professionals involved in my care if required. I agree to inform the programme staff of any changes to my health and medication, and the results of any future investigations or treatment.

Thank you for completing this form. We will be in touch as soon as possible once we have reviewed your answers and eligibility for the programme

23. Confirmation of acceptance of Terms and Conditions *

- I accept the T&Cs as outlined above
- I do not accept the T&Cs as outlined above (in which case we will not be able to accept your referral)

Please sign here:

Date of signing
