

Steady On Your Feet Referral Form FaME

2

Thank you for your interest in the 2025 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 patient wanting to attend sessions or by a referring professional

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

** Indicates required question*

1. Email *

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. 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.

Patient Details

This section is about the person wishing to attend the sessions

4. Your Name *

Please give your first and last name and any other details you wish to include (title etc)

5. Your Address *

Please include your Post Code

6. Your email address (if available)

7. Your phone number (landline or mobile) *

8. Your date of birth *

9. Do you consider yourself to be living with a disability?

Please say in your own words giving relevant detail

10. What is your gender?

Please say in your own words

11. What is your ethnicity

Example: White British

12. Next of Kin name and contact details *

If no next of kin please provide an alternative Emergency Contact

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

14. Other Health Professionals involved in your care *

If you only see your GP please enter N/A below.

Falls History

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

Mark only one oval.

Yes

No

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

17. If you have had a fall within the last 12 months what happened and were there any injuries?

Medical history

Please answer as fully as possible.

18. Please provide details of any diagnosed medical conditions.

19. Please provide details of any current medications being taken

20. Are you awaiting any medical investigations or results from tests?
If YES please give details.

About the classes

21. Which location/s would be most suitable for you *

Tick all that apply.

- Barnstaple
- Ilfracombe
- Westward Ho!

22. Do you need assistance with transport or are you able to access the class independently *

Mark only one oval.

- I can make my own way to class
- I need assistance with transport

Referring Practitioner Consent

23. I have gained consent from my patient to share the above information. I understand that the above information will be passed on to the exercise instructor responsible for my patient's course of exercise, and any other health professionals involved in their care if required. I agree that the programme staff can contact me if they have any questions regarding this referral. *

Mark only one oval.

- Yes
- Not applicable - I am completing this form for myself

Client Consent

24. 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. *

Tick all that apply.

- Yes
- Not applicable - I am the referring health professional
-

Please return your completed form to:

**Steady on Your Feet 2
Vista Wellbeing CIC
1 Mill Lane
off Mill Road
Barnstaple
Devon
EX31 1JQ**