

**REFERRAL FORM FOR THE
MANCHESTER PUBLIC HEALTH DEVELOPMENT SERVICE
'GETTING ACTIVE THROUGH EXERCISE PROJECT' FROM
PHYSIOTHERAPISTS/OCCUPATIONAL THERAPISTS/OTHER
HEALTH PROFESSIONALS**

Date of Referral...../...../.....

Referrer's Name (please print)

Address:

Tel

Fax

Designation

GP Name (Please Print)

Tel

Fax

Address

Patient Name (Please Print)

M/F

Date of Birth:

Address:

Postcode:

Tel no:

Reason for Referral

*Has this patient had a falls assessment? YES/NO
Date of assessment:*

Please describe any health conditions that may affect the patient's ability to complete and sustain an exercise programme:

Referrer's professional opinion as to appropriate physical exercise (please tick one of the boxes):

Chair-based exercise in the home using Active for Life Falls Prevention video

Chair-based exercise in the home using resources from Help the Aged and Research into Ageing

Chair-based exercise in a community setting (subject to availability)

General physical exercise in the community (please state preference)

Is there any information we should be aware of in order to ensure a safe consultation?

*Signature of Referrer.....
Date*

**Please fax completed form to fax no. 0161 203 5817
Or post to Manchester Public Health Development Service, Victoria Mill, 10 Lower
Vicker's St, Miles Platting, Manchester, M40 7LJ**