|  |  |
| --- | --- |
| **Referrer Details** | |
| Forename |  |
| Surname |  |
| Job Title/ Profession |  |
| Organisation/ Department |  |
| Address |  |
| Postcode |  |
| Email |  |
| Phone |  |

|  |  |  |
| --- | --- | --- |
| **Participant Details** | | |
| Title |  | |
| Forename |  | |
| Surname |  | |
| Gender |  | |
| Date of birth |  | |
| Address |  | |
| Postcode |  |
| Email |  | |
| Phone |  | |
| GP Practice |  | |
|  |  | |
|  |  | |

|  |  |  |
| --- | --- | --- |
| **Diagnosis** | | |
| Anxiety | | |
| Mild | Moderate | Severe |
| Depression | | |
| Mild | Moderate | Severe |
| Stress | | |
| Mild | Moderate | Severe |
| Other | | |
| Give details | | |

|  |  |
| --- | --- |
| **Additional Information** |  |

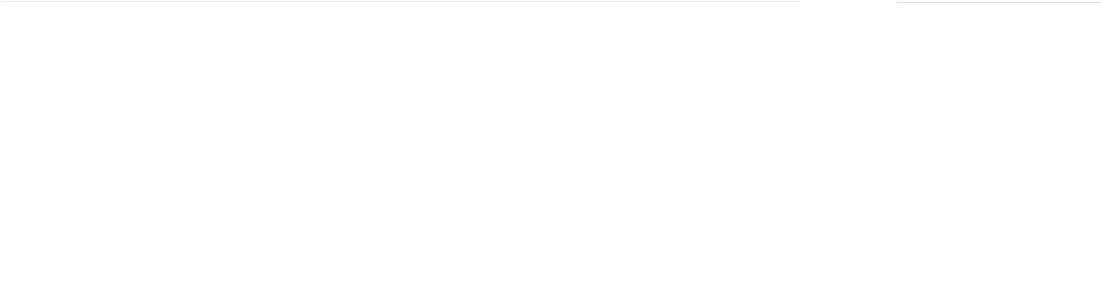
Is the patient interested in a physical activity programme? Yes No

Is the patient currently misusing drugs or alcohol? Yes No

Is the patient on any medication which may affect their ability to exercise? Yes No

EL0*7*21

**continued next page..**



|  |
| --- |
| **Data Protection & Consent** |

**Edinburgh Leisure Privacy Notice**

The information on this form will be forwarded to Edinburgh Leisure to progress this physical activity referral.

Privacy is important to Edinburgh Leisure and the information on this form will only be used to enable Edinburgh Leisure to deliver and improve their services. Edinburgh Leisure will never sell anyone’s data and will only keep data for as long as necessary to deliver and evaluate services.

There is more detail on Edinburgh Leisure’s privacy notice on the website; www.edinburghleisure.co.uk/data-protection or you can send enquires to enquiries@edinburghleisure.co.uk or call 0131 458 2260.

**By ticking the following boxes, you are confirming that, as the referrer detailed above:**

|  |
| --- |
|  |

You have informed us of any contra-indicators that you are aware of which may affect the

individual’s ability to take part in physical activity.

|  |
| --- |
|  |

You have explained to the patient, detailed above, that this information will be passed to Edinburgh Leisure, and they have given you their explicit consent for this to happen.

|  |  |
| --- | --- |
| Referrer Signature |  |
| Date |  |

Please return completed forms to Active Communities using one of the following methods:

**By email:**

active@edinburghleisure.co.uk

loth.active@nhslothian.scot.nhs.uk (if sending from an NHS account)

**By post:**

Active Communities, Edinburgh Leisure, Meadowbank Sports Centre, London Road, Edinburgh, EH7 6AE

\* As you are transferring personal data, we recommend that you use encrypted emails or recorded delivery as appropriate.

[**www.edinburghleisure.co.uk**](http://www.edinburghleisure.co.uk/)

Registered Scottish Charity No: SC027450

