

Self/GP Referral Form

Please enter all details carefully using BLOCK CAPITALS

Patient Eligibility Criteria:

- Aged 15 and over.
- Meet at least one of the inclusion criteria listed below
- Committed to making a long term lifestyle change
- Clients must be clinically stable and compliant with their medication

Physical activity readiness questionnaire (PAR-Q)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Please read the questions carefully and answer each one honestly: check YES or NO.

Unfortunately we are not able to treat clients with the following illnesses:

- Aortic stenosis
- Resting tachycardia >100bpm
- Systolic blood pressure (BP) >180mmHg and/or BP >100mmHg
- Uncontrolled arrhythmias
- Uncontrolled diabetes

For more information, see our FAQ page at <https://www.proactivemassage.co.uk/faq.html>

* Required

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

Yes

No

2. Do you feel pain in your chest when you do physical activity?

Yes

No

3. In the past month, have you had chest pain when you were not doing physical activity?

Yes

No

4. Do you lose your balance because of dizziness or do you ever lose consciousness?

Yes

No

5. Have you ever suffered from unusual shortness of breath at rest or with mild exertion?

Yes

No

6. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?

Yes

No

7. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart conditions?

Yes

No

8. Are you pregnant or have you had a baby in the past six months (female only)?

Yes

No

9. Do you know of any other reason why you should not do physical activity?

Yes

No

If you answered YES to one or more questions: Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and identify which questions you answered YES.

Your Details

10. Full name *

11. Date of birth

12. Sex

Female

Male

Prefer not to say

Other: _____

13. Email

14. Address

15. Reason for referral & co-morbidities

- Muscle pain
- Joint pain/restriction
- Lower back pain
- Hypertension
- Hypercholesterolemia
- Chronic Obstructive Pulmonary Disease (COPD)
- Asthma
- Obesity
- Diabetes - T1D or T2D
- Osteoarthritis
- Rheumatoid Arthritis
- Osteoporosis
- Depression
- Stress
- Anxiety
- Simple Mechanical Back Pain
- Joint replacement

16. Height (m)

17. Weight (st)

18. Medications

19. Blood pressure (mm/Hg) *

20. Job Title *

21. Name of GP/Healthcare professional *

22. What are your personal health goals? (e.g. maintain regular activity/sport. Complete daily tasks pain free for longer, improve energy levels. Be a better role model for my children)

Data Protection Information Declaration: All the information collected on the Patient Record will be dealt with confidentially by the Lifestyles Teams under the Data Protection Act 2018 and GDPR legislation. Information will only be used by the Lifestyles Team to audit outcomes, plan further services, and offer patient follow up if required. All information will be anonymous.

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