

Healthy Active Minds Referral Form

Participant Details	
Title	
Forename	
Surname	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Mx <input type="checkbox"/> Prefer not to say
Date of birth	
Address	
	Postcode
Email	
Phone	
GP Practice	

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

Diagnosis			
Anxiety			
Mild	<input type="checkbox"/>	Moderate	<input type="checkbox"/>
		Severe	<input type="checkbox"/>
Depression			
Mild	<input type="checkbox"/>	Moderate	<input type="checkbox"/>
		Severe	<input type="checkbox"/>
Stress			
Mild	<input type="checkbox"/>	Moderate	<input type="checkbox"/>
		Severe	<input type="checkbox"/>
Other			
Give details			

Additional Information		
Is the patient interested in a physical activity programme?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the patient currently misusing drugs or alcohol?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the patient on any medication which may affect their ability to exercise?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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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, Craiglockhart Leisure & Tennis Centre, 177 Colinton Road, Edinburgh, EH14 1BZ

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

www.edinburghleisure.co.uk

Registered Scottish Charity No: SC027450

Working together for a caring,
healthier, safer Edinburgh




Edinburgh Leisure
The Biggest Club in Town