# Healthy Lifestyles Scheme - Better Balance Online Classes PAR-Q

## Contact details

**All information given will be strictly confidential.**

**If you are completing this referral form on behalf of someone else, you must have gained their consent to provide us with their personal data before progressing.**

To understand how we keep and manage data you can view our Privacy Policy at [www.fdean.gov.uk](http://www.fdean.gov.uk)

* 1. **Your Details: \***

|  |  |
| --- | --- |
| **Full Name** |  |
| **Home Address** |  |
| **Postcode** |  |
| **Home Phone Number** |  |
| **Mobile Phone Number** |  |
| **E-Mail Address** |  |
| **Date of Birth** |  |

* 1. **Your Emergency contact details: \***

|  |  |
| --- | --- |
| **Full Name** |  |
| **Phone Number** |  |
| **Relationship to you** |  |

* 1. **Your GP details**

|  |  |
| --- | --- |
| **Surgery Name** |  |
| **Surgery Phone Number** |  |

## Informed consent

The Forest of Dean Exercise Referral Scheme is delivered by Publica group Ltd on behalf of Forest of Dean District Council which is intended to provide initiatives that promote and aid healthy lifestyles.

By ticking each box you consent to your sensitive personal details being processed for each purpose listed. You have the right to withdraw your consent at any time. Further information about your rights and how Stroud District Council processes your Information can be found on our Privacy Policy at [www.fdean.gov.uk](http://www.fdean.gov.uk)

* 1. **The Healthy Lifestyle Scheme will process your medical details for the following purposes: \***

|  |  |  |
| --- | --- | --- |
| **Purpose (Please Tick):**  | **Yes** | **No** |
| To enable us to assess your medical fitness and suitability for the Healthy Lifestyle Scheme initiative you have been referred to; |  |  |
| To enable us to respond to any medical emergencies which arise during your involvement with the Healthy Lifestyle Scheme. We may pass this information to health professionals when dealing with any medical emergency; |  |  |
| To enable the relevant Healthy Lifestyles Class Instructor to deliver an exercise session suitable for your medial conditions. This means that we will share relevant medical information about you that you have provided to us, with the Healthy Lifestyles Class Instructor who may be based at either Stratford Park Leisure Centre, The Pulse, Fifth Dimension and Richmond Village. |  |  |
| To enable us to contact you regarding the Healthy Lifestyles scheme in relation to new classes, evaluation purposes and other related events organised by Stroud District Council. |  |  |
| I agree to participate in photographs for the purposes of promoting the Healthy Lifestyles Scheme and understand they might be used on SDC website, social media & marketing materials to promote the scheme. |  |  |
| I agree for the above information to be passed onto the Exercise Instructor. I understand that I am responsible for monitoring my own responses during exercise and will inform the instructor of any new or unusual symptoms. I will also inform the instructor of any changes in my medication, the results of any investigations or treatment. |  |  |

* 1. **We would like to contact you regarding the healthy lifestyles scheme in relation to updating records and informing you when classes are cancelled. Please select ALL methods of contact you are happy for us to use to contact you by (Please tick):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Email** | **Mail** | **SMS** | **Telephone** | **Social Media** |
|  |  |  |  |  |

## Physical activity readiness questionnaire / additional health details

**All information given will be strictly confidential.**

For most people physical activity should not pose any problem or hazard, but the PAR-Q has been designed to identify the small number of people for whom it would be wise to have medical advice before starting.

Please read all of the questions carefully and answer each one honestly.

* 1. **PAR-Q: If you answer YES to one or more of the below questions, you should have the consent of your doctor before undertaking a physical activity programme. If you answer NO honestly to all questions, you can be reasonably sure that you can start to become more physically active. Begin slowly and build up gradually. This is the safest and easiest way to go. \*\***

|  |  |  |
| --- | --- | --- |
| **Purpose (Please Tick):**  | **Yes** | **No** |
| Has your doctor ever said that you have a heart condition and recommended only medically approved physical activity? |  |  |
| Do you have chest pain brought on by physical activity? |  |  |
| In the past month, have you developed chest pain when you were **not** doing Physical activity? |  |  |
| Do you suffer from breathlessness after slight exertion? |  |  |
| Do you lose your balance as a result of dizziness or do you ever lose consciousness? |  |  |
| Do you have a bone or joint problem that could be aggravated by the proposed physical activity? |  |  |
| Are you aware, through your own experience or a doctor’s advice, of any other reason for not exercising without medical approval? |  |  |
| Is your doctor currently prescribing you any medication (for example; inhalers, water pills)? If **Yes** please ensure these are added to the comment box below. |  |  |

|  |
| --- |
| **Medication:** |
|  |

* 1. **If you answered YES to any of the statements above in Question 6 please provide details here such as any Health Conditions you have (E.g. Diabetes, Respiratory Disease, Cardiac Disease, OA, Osteoporosis, RA, Joint surgery/replacement, Hypotension, Visual/Hearing Disabilities, etc): \***

|  |
| --- |
|  |

* 1. **Additional Balance related details: \***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **History of falls? Please answer Yes or No (If Yes, please provide how many in past 12 months and relevant details)** | **Yes** |  | **No** |  |
|  |
| **Date of most recent fall (if applicable)** |
|  |
| **Details of most recent fall including associated symptoms e.g. dizziness, loss of consciousness/ Injuries sustained etc (if applicable)** |
|  |
| **Current level of activity (use of walking aid?)** |
|  |
| **Any other balance related information the instructor should know about:** |
|  |

* 1. **Class Options: \***

|  |  |
| --- | --- |
| Class option one (add date & time) |  |
| Class option two (add date & time) |  |
| Class option three (add date & time) |  |

## Physical activity readiness questionnaire / additional health details

**Our Commitment to You**

We will respect your personal decisions, and allow you to make your own decisions about what exercise you can carry out. However, we ask you not to exercise beyond what you consider to be your own abilities.

We will take all reasonable steps to make sure that our staff are qualified to the fitness industry standards as set out by the register of exercise professionals.

If you tell us that you have a disability which puts you at a substantial disadvantage in participating in the class, we will consider what adjustments, if any, are reasonable for us to make.

**Your Commitment to Us**

You should not exercise beyond your own abilities. If you know or are concerned that you have a medical condition which might interfere with you exercising safely, before you participate in the class you should get advice from a relevant medical professional and follow that advice.

You should make yourself aware of any rules and instructions, including warning notices at the start of each class. Exercise carries its own risks. You should not carry out any activities which you have been told are not suitable for you.

You should let us know immediately if you feel ill during an online class. Our instructors are not qualified doctors, but they have had first-aid training and will call for medical support for you if required.

If you have a disability, you must follow any reasonable instructions to allow you to exercise safely.