

Walking for Wellbeing Referral Form

This form gathers the information we require to provide the best possible benefit from your walks. Please fill it in and post it to us at **Walking for Wellbeing, 24 King Charles Close, Buckingham MK18 1UZ**. It's important that you're as honest as possible on this form as it'll help us provide the finest service.

All information is kept securely and is subject to the rules specified by the Data Protection Act 1998. Any and all information provided will be kept strictly confidential and will not be sold, reused, rented, loaned or otherwise disclosed. Any information you give to Walking for Wellbeing will be held with the utmost care, and will not be used in ways that you have not consented to. Your email address will not be shared with any third parties. We'd be delighted if you'd like to do us a doodle on the back of this page.

Contact details

Title	<input type="text"/>	First Name	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>	Date of birth	<input type="text"/>		
	<input type="text"/>	Home phone	<input type="text"/>		
	<input type="text"/>	Mobile phone	<input type="text"/>		
	<input type="text"/>	Emergency contact	<input type="text"/>		
Postcode	<input type="text"/>	Emergency number	<input type="text"/>		
Email	<input type="text"/>				

Referral and medical information

Referred by	Self <input type="checkbox"/>	Other <input type="checkbox"/>	→ Name	<input type="text"/>
GP	<input type="text"/>	Organisation	<input type="text"/>	
Address	<input type="text"/>	Telephone	<input type="text"/>	
	<input type="text"/>	Email	<input type="text"/>	
Telephone	<input type="text"/>	Signature	<input type="text"/>	
	<input type="text"/>	Date	<input type="text"/>	
Therapist	<input type="text"/>			
Address	<input type="text"/>			
	<input type="text"/>			
Telephone	<input type="text"/>			

Declaration

I declare that the information I have provided on this form is complete and correct

Signature

Date

Some questions about your general health

Have you been diagnosed with depression or any other mental health issue? Please describe:

Are you, or have you been, involved in any treatment programmes? If so, please give details:

Do you have any physical ailments? Please provide information:

Have you been treated in hospital in the past two years? Please give details.

What is your current level of physical activity?

Physical job Daily exercise Regular exercise Occasional exercise None

How would you describe your fitness?

Great OK Neutral Could be better Help!

And how would you describe your diet?

Great OK Neutral Could be better Help!

What about your motivation?

Great OK Neutral Could be better Help!

Describe your general wellbeing:

Great OK Neutral Could be better Help!

Do you have any experience of countryside walking?

Yes No

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