

THRIVE CLASS

REFERRAL FORM

Referral Criteria: Participants must be able to walk 10m on their own (walking aid is permitted)

Depending on the cognitive level of a person, participants may not be eligible for the class or may be asked to attend with a carer.

Personal Details

Full Name: _____

Address: _____ Contact No: _____

Email: _____

Date of Birth: _____ GP Practice: _____

Note for Patient: Please contact health by science to arrange your initial assessment and get started, please email or if difficulties call. Details below.

Health Professional to Complete:

To the best of my knowledge the balance of benefits and risks of undertaking increased activity and positive lifestyle changes in an appropriately supported environment is likely to be favourable to this person's health.

Signature: _____ Print Name: _____

Designation: _____ Email & Contact No: _____

Note for Health Professional: If there is any further relevant information you feel we should be made aware of, please get in touch.

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