



Client Referral Form 2023

Please note that information in this questionnaire will be kept confidential and retained under the guidelines of the General Data Protection Regulations 2018.

Client Details:

Title:

Full Name:

Address & postcode

Date of birth:

Gender:

Email:

Mobile:

Emergency Contact - Name, relationship and mb number of person to be contacted in emergency:

Main reason for referral (medical diagnosis):

Are there any health conditions that could affect client's ability to participate in physical outdoor activities? e.g. allergies, asthma, diabetes, heart problems, high or low blood pressure, sensitivity to sunlight or other physical limitations.

Is any medication being taken on a regular basis?

Is there any history of violence, aggression or drug/alcohol use that we should know about? – particularly any episodes within the last 6 months?

Is alcohol used as an acknowledged part of recovery process?

Can client attend a taster session before starting 6-week programme? Yes **No**

Can client attend taster session alone or with support from a support worker or family member?

**Is client comfortable using public transport?
Or do they have own transport?**

How will client return home after session?

**How likely will the client
come to the session?**

Any additional information you feel may be useful to us

Equalities Monitoring

Ethnicity:

Employment status:

GP's name and contact details
for emergency use.

Referrer's Details:

Name:

Organisation:

Address:

Position:

Contact number:

Email:

Signature:

Date: