

Referral Form

Date of referral _____

Contact details of participant

Name: _____ Date of Birth: _____

Address: _____

Tel / mobile: _____ / _____

Contact details of Care Coordinator / Care Team

Name: _____ Team: _____

Address: _____ Tel / mobile: _____ / _____

Email address: _____@_____

Contact details in case of emergency

Name: _____ Relationship: _____

Tel / Mobile: _____ / _____

Who is your GP

Name: _____

Surgery: _____ Tel: _____

List of Prescribed Medication, including dosage

(Discovery Quest requests this information in case we need to inform emergency services)

Any Physical health problems which may affect the participant whilst walking, including allergies

Risk Assessment and Relevant Information

To be completed by the care team

Please provide current risk assessments

Care Team:

What is your rationale for referring this individual to Discovery Quest's walking programme?

Participant:

What do you hope to gain from undertaking Discovery Quest's walking programme?

To observe the Data Protection Act 1998, Discovery Quest must ask all potential participants to sign the following authorisation:

I, _____, authorise that Discovery Quest.org can contact relevant agencies on my behalf, to request and share information, in order to assist with Discovery Quest's walking programme.

Information given will be treated as strictly confidential. Receipt of referral does not guarantee a service being offered. The project manager of Discovery Quest may meet with potential participants to discuss whether Discovery Quest's walking programme is the appropriate service for them.

Client signature

Date

Print Name