Referral category

Instructor Date

Eastleigh Borough Council is committed to your privacy. HealthWorks staff will use the details provided to support you throughout your time on the scheme and tailoring a programme to your needs. Over the next year our team may contact you to make sure you are happy with the activities you try, keep you motivated and deal with any problems that come up.

Summary information will also be used to evaluate the scheme and further its work on promoting the use of physical activity to improve the health of the community.

For more information please refer to our full Privacy Notice at [www.eastleigh.gov.uk/privacy.](http://www.eastleigh.gov.uk/privacy)

We produce a monthly e-newsletter with updates from our HealthWorks/Sport Works programmes. Please tick if you would like to receive this by email.

Name

# Personal Details

Title

Address

Post code

Email Date of birth

Ethnicity

|  |  |  |
| --- | --- | --- |
| White - British | Asian/Asian British | African/Caribbean |
| Mixed ethnicity | Other | Prefer not to say |

Contact number

Age

Referrers name Referred name

|  |  |  |
| --- | --- | --- |
| **\*If ‘Yes’ to any of the below questions, please provide details.** | **Yes** | **No** |
| Do you have a family history of heart disease or strokes? (1st degree relative under the age of 65?) | |  |
| Have you ever had any heart problems, a stroke or blood clot?\* | |  |
| Have you ever been diagnosed with high blood pressure?\* | |  |
| Do you have raised cholesterol?\* | |  |
| Do you ever get unusually short of breath during light exertion?\* | |  |
| Do you ever have pain, pressure, heaviness or tightness in the chest area at rest or exertion?\* | |  |
| Do you regularly have unexplained pain in the abdomen, shoulders or arms?\* | |  |
| Do you have asthma or any other respiratory conditions? E.g. hay fever, COPD.\* | |  |
| Do you ever feel faint or experience dizzy spells?\* | |  |
| Do you ever get swollen ankles?\* | |  |
| Do you have Epilepsy?\* | |  |
| Do you have Diabetes?\* | |  |
| Do you have back pain or any joint pain / replacements?\* | |  |
| Have you had any operations or broken any bones in the past 12 months?\* | |  |
| Have you ever had a cancer diagnosis?\* | |  |
| Have you been diagnosed with any neurological conditions?\* | |  |
| Have you ever been treated for any mental health conditions?\* | |  |
| Is there anything else you feel we need to know which is relevant to your referral?\* | |  |
| For evaluation purposes do you consider yourself to have a disability that limits your daily activities?\* | |  |

Further details

I have been through, understood and completed this questionnaire with a member of the Healthworks Team and the questions have been answered fully and to my satisfaction. I am aged 16 or over and have no known reason why I should not take part in an exercise programme. I understand that I am undertaking this programme of my own accord and must inform Health Works of any changes to health or medical conditions whilst under the scheme.

Service user signature HealthWorks staff signature

Date Date

Prescribed medications

When did you last have a review of your medications by your GP/Healthcare professional?

When did you last have your blood pressure checked?

# Additional questions for Steady and Strong / Low Level Circuits / Neurofit

In the last year have you had any falls?

If yes please provide details

Yes No

Do you have any problems with your balance?

If yes please provide details

Yes No

Do you use a walking aid?

If yes please provide details

Yes No

Do you have any problems with your eyesight?

If yes please provide details

Do you have any problems with your hearing?

If yes please provide details

Yes No

Yes No

Over the last 7 days how many minutes of physical activity at a moderate intensity have you taken part in? less than 30 minutes 30 – 149 minutes At least 150 minutes

Service user signature Date

Instructor Notes

HealthWorks staff signature Date

 **Health**Works

Date

BP HR

Weight(kg)

Height(cm)

Waist(cm)

BMI

Do you smoke?

Yes No

If so, how many per day?

Do you drink alcohol?

Yes No

If so, how many units per week?

**Screening form**

**1st Assessment**

initial screening - to be completed with instructor

5

How would you describe your diet?

Over the last 7 days how many minutes of physical activity at a moderate intensity have you taken part in? less than 30 minutes 30 – 149 minutes At least 150 minutes

On a scale of 1-10 (with 1 being poor and 10 being excellent) how motivated are you to do exercise right now?

On a scale of 1 – 10 (with 1 being poor and 10 being excellent) how confident do you feel about incorporating exercise into your lifestyle right now?

SMART Goal

Instructor Notes

HealthWorks staff signature Date

 **Health**Works

Date

BP HR

Weight(kg)

Waist(cm)

BMI

**Screening form**

**2nd Assessment**

6 week Review - to be completed with instructor

6

Over the last 7 days how many minutes of physical activity at a moderate intensity have you taken part in? less than 30 minutes 30 – 149 minutes At least 150 minutes

On a scale of 1-10 (with 1 being poor and 10 being excellent) how motivated are you to do exercise right now?

On a scale of 1 – 10 (with 1 being poor and 10 being excellent) how confident do you feel about incorporating exercise into your lifestyle right now?

Review of SMART Goal from 1st Assessment

New SMART Goal

Instructor Notes

HealthWorks staff signature Date

 **Health**Works

Date

BP HR

Weight(kg)

Waist(cm)

BMI

**Screening form**

**3rd Assessment**

12 week completion - to be completed with instructor

7

Over the last 7 days how many minutes of physical activity at a moderate intensity have you taken part in? less than 30 minutes 30 – 149 minutes At least 150 minutes

On a scale of 1-10 (with 1 being poor and 10 being excellent) how motivated are you to do exercise right now?

On a scale of 1 – 10 (with 1 being poor and 10 being excellent) how confident do you feel about incorporating exercise into your lifestyle right now?

Review of SMART Goal from 2nd Assessment

New SMART Goal

Instructor notes

HealthWorks staff signature Date