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| **Patient Details** | | |
| Name: | | |
| Address: | | |
| Telephone: Email: | | |
| Date of Birth: | Ethnicity: | Gender: |
| Height: | Weight: | Disability Registered: Yes/No |
| Employment status: | | |
| GP Details (name and surgery): | Referrer details (name and contact): | |
| Permission to hold information about me on database (database used only by Better Bones team): Yes/No  Consent to receive Better Bones mailouts: Yes/No | | |

**Sessions referred for: please tick as appropriate**

* Information sessions (bone health &Osteoporosis, osteoarthritis management, Physical activity)
* Osteoarthritis Knee exercise class (have OA diagnosis of a knee that hasn’t been replaced)
* Strength & Balance exercise Class (have long term health conditions and need full body strength and balance exercises)
* Osteoporosis exercise class (has diagnosis of osteoporosis or osteopenia or at risk of osteoporosis)

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| **Medical Conditions: including risk factors for osteoporosis and any falls and fractures** |  |
| **Medications** |  |
| **Weekly Physical Activity Routine** |  |

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| **Medical/GP Consent** | **YES** | **NO** |
| The patient may exercise without any restrictions |  |  |
| The patient may exercise with the following restrictions, please state: |  |  |