

 Cycling Without Age Self-Referral Form

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| **Applicant Name:** |  |
| **Address:** |  |
| **Date of Birth:** |  |
| **Contact Number:** |  |
| **Email Address:** |  |
| **Emergency Name and Contact Details:** |  |

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| **Name of Carer:** (if attending) |  |
| **Carer Contact Details:** (if attending) |  |
| **Date of Application:** |  |
| **GP Practice Name and Address:** |  |

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| **Reason for Self-Referral:** |  |

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| **Support Needs** |  |
| **Does the applicant use a walking stick?** | **Yes/No** |
| **Does the applicant use a frame?** | **Yes/No** |
| **Does the applicant use a mobility scooter?** | **Yes/No** |
| **Can the applicant go up and down stairs without assistance?** | **Yes/No** |
| **Can the applicant get in and out of a taxi?** | **Yes/No** |
| **The total weight does not exceed;****120kg for one passenger** **150kg for two passengers.** | **Yes/No** |
| **For applicants with mobility issues - does the applicant have a carer to assist them?** | **Yes/No** |
| **Additional Notes:** Please include any appropriate health conditions.  |  |

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| **Hobbies/Interests – this will help with linking a suitable volunteer to the client.** |  |

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| **Availability – Are there any times/dates that the applicant is not available?** |  |

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| **Preferred meeting point:****Old Portsmouth Square Tower****Southsea Medical Centre****Pyramids Centre****Bransbury Park****Hayling Ferry (Eastney)** |  |

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| **Cycling without Age Portsmouth staff provide 1:1 support,****Is lone visiting appropriate if no carer present?** |  |
| **Confirmation that patient is not acutely ill at the point of referral**  |  |
| **Confirmation that the patient agrees to this referral and understands the information on this form will be shared with The YOU Trust – and this has been recorded in patient notes** |  |

**Using any number from 0 to 10, where 0 is worst, and 10 is best, how would you rate your current health and wellbeing?**

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| **10** | **9** | **8** | **7** | **6** | **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |  |  |  |  |  |

**Please email to:**

**Cyclingwithoutage@theyoutrust.org.uk**

**and we will be in contact.**

