Up and about Referral and Consent Form

Personal Information

Name:	
Address:	
Suburb:	**Postcode:**
Date of birth:	**Gender:**
Phone:	**Email:**
Emergency contact: Name **Relationship:**	**Phone:**

To be completed by Referral Agency (if applicable):

Name:	
Agency/Position:	
Phone contact:	
Email:	
Referral Date:	
Does the participant have any known risks or forensic history? y/n	**Please describe:**

We encourage support people to help the person engage with the program. Will you, or another person attend:

- The intake interview? Y/ n
- The Up and About program? Y/n

Medical information

The following medical information may help in the unlikely event of an accident or illness. Please complete this form as accurately as possible. The information you disclose will be confidential and will only be used to help staff respond to any injury or illness.

Mental Health Diagnosis:

_____

_____

Current medications? If so, please list:

_____

_____

_____

Cardiometabolic data: Height: Weight: Waist circumference:

Does the person experience any of the following conditions? (Please circle any applicable)

Arthritis	Asthma
Diabetes	Epilepsy
Bleeding Condition	Kidney Disease
Heart Disease	High blood pressure

Other:_____

Do you know of any reasons the person should not exercise or should limit their physical activity?

_____

Name of GP:	
Practice /Phone:	

Has this person been assessed for an NDIS plan? y/n

Do they have a current NDIS plan? y/n

Referrer Signature: _____ **Date:** _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Being physically active is very safe for most people. Some people, however, should check with their doctors before they increase their current level of activity. The PAR-Q has been designed to identify the small number of adults for whom physical activity may be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

	Questions	**Yes**	**No**
	Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		
	Do you feel pain in your chest when you perform physical activity?		
	In the past month, have you had chest pain when you were not performing any physical activity?		
	Do you lose your balance because of dizziness or do you ever lose consciousness?		
	Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
	Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
	Do you know of any other reason why you should not engage in physical activity?		

If you answered yes: If you answered yes to one or more questions, are older than age 40 and have been inactive or are concerned about your health, consult a doctor before taking a fitness test or substantially increasing your physical activity. You should ask for a medical clearance along with information about specific exercise limitations you may have. In most cases, you will still be able to do any type of activity you want as long as you adhere to some guidelines.

If you answered no: If you answered no to all the PAR-Q questions, you can be reasonably sure that you can exercise safely and have a low risk of having any medical complications from exercise. It is still important to start slowing and increase gradually. It may also be helpful to have a fitness assessment with a personal trainer or coach in order to determine where to begin.

When to delay the start of an exercise program:

- If you are not feeling well because of a temporary illness, such as a cold or a fever, wait until you feel better to begin exercising.
- If you are or may be pregnant, talk with your doctor before you start becoming more active.

Keep in mind, that if your health changes, so that you then answer "YES" to any of the above questions, tell your fitness or health professional, and ask whether you should change your physical activity plan.

Client signature: **Date:**

Participant Consent To Release Information Form

Referral Consent

I, (Participant/Name) _____

Authorise (Referrer's name) _____from, (Agency) _____

To release relevant information within this referral to TasRec/Up and About staff and for the referrer to receive information about my participation in the program.

And, in case of a medical emergency whilst attending an activity, I (participants' name) _____ give permission to release relevant medical information or notification of the incident to the following; Case Manager, GP, Mental Health Practitioner Emergency contact/family member/carer/ guardian/paramedics/Ambulance/Hospital

If you do not wish us to relate information to any of the above, please tick this box and cross them out:

☐ I do not wish for any of the above crossed out services to be provided with my information in the case of a medical emergency.

Applicant's Signature:_____

Date:_____

Witness:_____