



# Adur & Worthing Wellbalanced Referral Form

[www.wellbalancedprogramme.co.uk](http://www.wellbalancedprogramme.co.uk)

This service is for patients identified as Level 4 (Vulnerable), 5 (Mildly Frail), or 6 (Moderately Frail) on the Rockwood (Canadian) Clinical Frailty Scale and below the level of need for specialist care. This programme will help to improve Strength & Balance over 24 weeks, via weekly community-based Group Classes or via 8x 1-2-1 home visits, helping individuals to prevent future falls. If the patient has suffered any previous falls they should be referred to the [Falls & Fracture Prevention Service](#).

### Participant Details

Title:	First Name:	Surname:	DOB:
House Name Or Number:	Street:		
Street:	Town/City:		
Postcode:	Landline:	Mobile:	
Email:	NHS No.:		

### Referrer Details (Person completing the form)

Title:	First Name:	Surname:	
Organisation:	Phone:	Email:	
Reason for Referral:			Date of Referral:
<ul style="list-style-type: none"><li>• Suitability to attend sessions.</li><li>• Physical activity levels.</li><li>• Relevant medical conditions and dates, particularly cardiac conditions, Stroke/TIA, mental health.</li><li>• Additional information or Special requirements.</li></ul>			

### GP Details (if not the Referrer)

Dr.	First Name:	Surname:	
Practice/Surgery Name:	Phone:	Email:	

The participant has been fully informed about the Wellbalanced service they are being referred to and agree to their details being stored on a secure database system in accordance with the latest Data Protection regulations. They agree to be contacted by letter, email, telephone and/or SMS text message.

**PLEASE EMAIL COMPLETED FORM TO: [info@wellbalancedprogramme.co.uk](mailto:info@wellbalancedprogramme.co.uk)  
Ensure email is sent with [SECURE] in the subject to maintain confidentiality**