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| **ESCAPE-pain Referral Form****Self-management for Arthritic pain using exercise and education** |
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| To be completed by the referrer. |
| **Please send direct to preferred provider.** |
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 **Surname** **Forename** **Gender**

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**DoB** **Ethnicity**

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**Address, including full postcode**

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**Telephone number**

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**Email Address**

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**Referrers name** **Position**

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**Referrer’s address**

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**Referrer’s telephone number**

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**Reason for referral**

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**Clinical diagnosis and/or current conditions – all conditions must be stable**

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The leisure provider will manage your data securely and in accordance with all relevant Data Protection laws. We will use your data for managing the services we provide. We do not pass or sell on any of your data to any 3rd parties.

**Select Patient’s chosen leisure centre**: ‘*Drop down Box’*

* Brunel Fitness Centre, Speedwell, Bristol, BS15 1NU **Email:** bristol@almsport.co.uk
* Circadian Trust: Fiddlers Wood Lane, Avon, Bristol, BS32 9BS: **Email:** Jim.rollo@circadiantrust.org
* Imperial Sports Ground: West Town Lane, Bristol, BS14 9EA: 0117 903 8681: **Email**: gym@imperialsportsground.co.uk
* AGE UK Somerset, North Somerset (Weston and Worle):01823 345626 **Email**: dawn.jenkins@ageuksomerset.org.uk
* Southmead Development Trust, Greenway Centre, Doncaster Road, Bristol. BS10 5PY **Email**: joeldavies@southmead.org