

Self Referral Form

## \*\*Heartbeat is funded entirely by charity and without regular donations we would be unable to provide this valuable service. You will therefore be asked to make a financial contribution if your financial circumstances allow. Thank you. \*\*

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| --- | --- |
| Name: | DOB: |
| email address: | GP: |
| Address:  Post code: | GP surgery: |
| Telephone number: | GP Address: |
| Mobile number: | nhs number: |

I have one or more of the following conditions (Please tick as many as apply):

|  |  |  |
| --- | --- | --- |
| Heart attack  Atrial fibrillation  Stroke/TIA  Obesity  Chronic lung condition | Angina  Stent/Angioplasty  Diabetes  Family history of heart disease age < 60yrs | Heart bypass  High cholesterol  High blood pressure  ICP/Pacemaker  Vascular disease |

|  |
| --- |
| Additional details: |
| Current Medication: |
| Other relevant Medical info - in particular, which may affect your ability to exercise: |
| Have you been a member at Heartbeat in the past? If yes, please give dates and your reason for leaving |

Heartbeat would like to keep in touch with you from time to time about the great work we do with people with heart disease, how your support makes a difference, service updates, fundraising activities and events which may be of interest to you. If you would prefer not to receive these communications please tick here and return to Heartbeat. Alternatively, you can call or email us. For more details on our Privacy Policy please visit, www.heartbeat-nwcc.org.uk/privacy-policy

How did you hear about Heartbeat?

|  |  |  |  |
| --- | --- | --- | --- |
| GP surgery | Heartbeat talk | Word of mouth | Other. Please state: |

I agree to my GP and or hospital doctor releasing relevant information to Heartbeat to assist with my exercise programme. This referral will then be assessed by the Medical team at Heartbeat and you will be contacted shortly**.**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_