



Wellbalanced Referral Form

www.ahswellbeing.co.uk

This programme will help to improve Strength & Balance over 24 weeks, via weekly interventions, helping individuals to prevent future falls. The service is for patients identified as Level4 (Vulnerable), 5 (Mildly Frail), or 6 (Moderately Frail) on the Rockwood (Canadian) Clinical Frailty Scale and below the level of need for specialist care. A patient who has had a previous fall will be suitable for this programme if there has been no change in function. If there has been a change in function the patient should be referred to the [Falls & Fracture Prevention Service](#).

| District Programme (select one) | | | | |
|--|-------------------------------|-------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Adur & Worthing | <input type="checkbox"/> Arun | <input type="checkbox"/> Chichester | <input type="checkbox"/> Mid Sussex | <input type="checkbox"/> Horsham |
| 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"> • Relevant medical conditions and dates, particularly cardiac, Stroke/TIA, mental health. • Additional information or special requirements. | | | | |
| GP Details (if not the Referrer) | | | | |
| Dr. | First Name: | Surname: | | |
| Practice/Surgery Name: | | Phone: | Email: | |

The participant has been fully informed about the Wellbalanced programme 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@ahswellbeing.co.uk
Ensure email is sent with [SECURE] in the subject to maintain confidentiality