



## Wellbalanced Referral Form

The service is for patients who have difficulty with walking or balance and have had up to one fall in the last year but are not living with severe frailty or require 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. Further details can be found here: [www.ahswellbeing.co.uk](http://www.ahswellbeing.co.uk)

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"><li>• Relevant medical conditions and dates, particularly cardiac, 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 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](mailto:info@ahswellbeing.co.uk)**  
**Ensure email is sent with [SECURE] in the subject to maintain confidentiality**