

Yoga4Health Programme

SELF REFERRAL FORM

This form should be completed if you are a patient and wish to join the 10-week Yoga4Health programme. You must be aged over 18 to join the programme.

| Tick reason for referral – you can tick more than one. If you are unsure, ask your GP | | | |
|---|--------------------------|-------------------------|--------------------------|
| At risk of developing Diabetes | <input type="checkbox"/> | Mild to moderate stress | <input type="checkbox"/> |
| Risk of Cardio-Vascular Disease | <input type="checkbox"/> | Social Isolation | <input type="checkbox"/> |
| Mild to moderate depression | <input type="checkbox"/> | | <input type="checkbox"/> |
| Mild to moderate anxiety | <input type="checkbox"/> | | <input type="checkbox"/> |

| Exclusion Criteria – if you suffer from any of the following you will be unable to join the programme. You can tick more than one | | | |
|---|--------------------------|--------------------------------------|--------------------------|
| | | | |
| Acute depression | <input type="checkbox"/> | In recovery from substance misuse | <input type="checkbox"/> |
| Current Post-Traumatic Stress Disorder | <input type="checkbox"/> | In recovery from eating disorder | <input type="checkbox"/> |
| Pregnancy | <input type="checkbox"/> | Diagnosis of anti-social behaviour | <input type="checkbox"/> |
| Bipolar Disorder | <input type="checkbox"/> | ME/Chronic Fatigue Syndrome | <input type="checkbox"/> |
| Advanced Osteoporosis (Osteopenia ok) | <input type="checkbox"/> | Severe or acute MSK (kidney disease) | <input type="checkbox"/> |
| Acute Chronic Obstructive Pulmonary Disease | <input type="checkbox"/> | Dialysis | <input type="checkbox"/> |
| Acute Asthma | <input type="checkbox"/> | Early stage Parkinson's | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | Cognitive Impairment | <input type="checkbox"/> |
| Surgery in the last 3 months | <input type="checkbox"/> | Cancer | <input type="checkbox"/> |

Patient/Client Information – all data is kept confidential and will only be shared with your health professional

Name:

Address:

Postcode:

E-mail:

DOB:

Tel:

Best time to phone: Morning Afternoon Evening

Emergency Contacts:

Male Female

Ethnicity:

Preferred time and day to attend the programme (classes may take place at a different time):

Weekday: preferred day.....

Weekend:

Morning: Afternoon

Evening

How you heard about the Yoga4Health programme:

Medical History

Please give relevant details about your medical history and current medical conditions, and any other injuries or conditions that might affect your participation in the Yoga4Health programme. If in doubt please consult your doctor

(expand as necessary)

Yoga Experience

Please give details of any previous experience you have of yoga, including the style of yoga taught and length of time practicing. It is not necessary to have any experience of yoga to join the Yoga4Health programme

(expand as necessary)

Individual Needs

The Yoga4Health classes can be completed in a chair or in a chair and on a yoga mat. Do you have any additional mobility or other needs you would like to make us aware of?

(expand as necessary)

I consent to my personal data being held by the Yoga In Healthcare Alliance for the purpose of this programme only, and for details about my participation in the Yoga4Health programme being shared with my GP/health professional

YES/NO (please circle)

Please complete this form electronically or by hand and return by e-mail to zoedrake.yoga4health@gmail.com or post to - 2 East Pitten Barns, Plympton, PL75BB. Please call 07763 833667 if you have any queries.