

## Request for Referral to Pinnacle Gym at St. Mary's Hospital

### Personal information

Surname: \_\_\_\_\_ First name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: M ☐ F ☐

Home address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Contact number: \_\_\_\_\_ Email address: \_\_\_\_\_

### Referrers information

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Contact number: \_\_\_\_\_ Email address: \_\_\_\_\_

### Type of referral

Clinical: Pulmonary / Vascular / Cardiac / Positive Moves \_\_\_\_\_

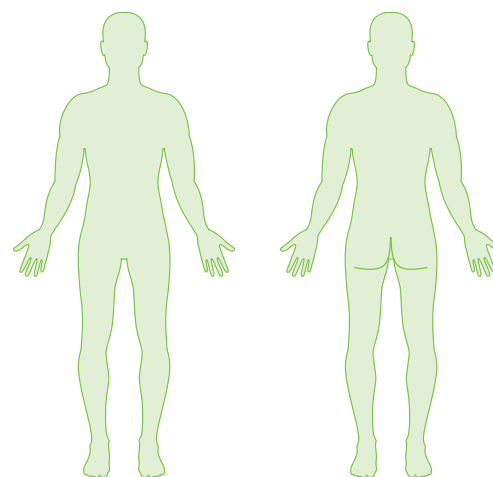
Physiotherapy / Diabetes \_\_\_\_\_

Other type of referral (please specify here): \_\_\_\_\_

### Condition and reason for referral

Details of condition: \_\_\_\_\_

### Medical history / medication / location of problem or injury



Treatment / outcomes and exercise recommendations:

Recommended exercises / length of programme:

Referred by: \_\_\_\_\_ Date: \_\_\_\_\_

