**Worcestershire Postural Stability Exercise**

**Strength and Balance Training for Falls Prevention**

**PATIENT SELF REFERRAL**

(To be completed by PSI Co-Ordinator)

**AREA PATIENT IS FROM:** (Please check the relevant box)

**BROMSGROVE** [ ]  **REDDITCH** [ ]

**PATIENT DETAILS:**

|  |  |  |
| --- | --- | --- |
| **SURNAME:**  | **FIRST NAME:**  | **DOB:**  |
| **ADDRESS:**  |
| **TEL NO:** |

**INCLUSION CRITERIA: Does the patient meet any of the following?** (Please check the relevant boxes)

|  |  |  |  |
| --- | --- | --- | --- |
| **Fear of falling** [ ]  | **Feeling unstable** [ ]  | **History of Falls** [ ]  | **Low bone density** [ ]  |

**PAST MEDICAL HISTORY:** (Please check relevant boxes)

|  |  |  |
| --- | --- | --- |
| **Heart Condition** [ ]  | **Circulation condition (inc stroke)** [ ]  | **Osteoporosis** [ ]  |
| **Respiratory Disease** COPD [ ]  Asthma[ ]  | **Long Term Condition** MS [ ]  Parkinsons[ ]  | **Other:** |
| **History of previous surgery or joint replacement** (please specify)**:** |
| **History of Fracture** (please specify): |

**EXCLUSION CRITERIA FOR POSTURAL STABILITY:** (Does the patient have any of the following)

* Uncontrolled: pain, angina, BP>180/100, tachycardia >100bpm, acute systemic illness, visual or vestibular disturbances.
* Unstable angina/ acute heart failure
* Unable to maintain sitting balance , due to neurological deficit
* Impaired cognition – unable to follow simple movement instructions.

**Verbal consent given by patient to share information:** (Please check relevant box) **Yes** [ ]  **/ No** [ ]

|  |  |
| --- | --- |
| **Form completed by:** | **Date:** |

**If you wish to be contacted about the progress of this patient, please supply your email address above**

|  |  |
| --- | --- |
| **GP’s Contact Name:** | **Contact Number:** |
| **Name and Address of Patients Surgery:** |

Where did you hear about the Strength and Balance Classes?

|  |  |  |  |
| --- | --- | --- | --- |
| GP / Doctors Surgery [ ]  | Nurse [ ]  | Physio [ ]  | Other Health Professional [ ]  |
| Housing [ ]  | Age UK [ ]  | Library [ ]  | Newspaper [ ]  |
| Living Well [ ]  | Friend or relative [ ]  | Other: Please specify |