Date of referral:

## Participant details

Forename:

Address:

Post Code:

Surname:

## Referrer details

\*if you are referring yourself, leave this section blank

Date of birth:

Surname:

Forename:

Organisation/role:

Address:

Post Code:

Contact number:

I consent to receiving text/phone calls: YES / NO

Contact number:

Please describe any mental health difficulties you are currently experiencing:

Do you have any physical health problems that prevent you taking part in exercise? (e.g. heart complaints, joint problems, instruction from doctors not to exercise)

Are you currently taking medication for any physical or mental health problems? If so, please list what medication(s) and whether you have any additional needs due to your medication.

Do you have any contact with health professionals? If yes, please list their name, professional role and contact details.

Is there anything else we may need to know to be able to support you?

\*Form continues on the next page

Please indicate which of the following activities you might be interested in (put an asterisk\* next to an activity to indicate interest)

# Thank you for completing the Men Talk referral form

# If you are referring on behalf of a participant, please ensure you have their consent for the referral. Preferably, this form will have been filled in with the participant present. **Please send the completed referral form to**:

Robert.Chandler@sbitc.org.uk

Please list any activities you enjoy or would be interested in trying out that are not mentioned above

Football Badminton Collage Art Basketball Handball Bench ball

Dodgeball Football golf Crochet Boccia Origami Cricket

Yoga Indoor Hockey Swedish longball Painting Dancing Tennis

DJ’ing Drawing Table tennis Fashion design Tag Rugby Curling