Please send completed form to either:

Fax: 02 9840 3608
Email: WSLHD-ActiveandHealthy@health.nsw.gov.au

NSW GOVERNMENT Health Western Sydney Local Health District

Stepping On

Stepping On - Registration Form

First name: _____ Surname: _____

Address: _____

Suburb: _____ Postcode: _____

Home phone: _____ Mobile: _____

Email: _____

DOB: _____ Gender: ☐ Male ☐ Female

Are you of Aboriginal or Torres Strait Islander origin? ☐ Yes ☐ No

Are you looking after anyone? ☐ Yes ☐ No

How did you find out about the program? (select only one answer)

☐ Referred by other healthcare professional ☐ Referred by GP

☐ Saw newspaper or newsletter article ☐ Saw poster or brochure

☐ Recommendation by previous participant ☐ Other _____

ENTRY CRITERIA CHECKLIST – please answer all questions

1. Falls History

1.1. Have you had a fall in the last year? ☐ Yes ☐ No

1.2. Are you concerned about falling? ☐ Yes ☐ No

2. Mobility Status - Can you walk independently or use a stick (without assistance of another person) ☐ Yes ☐ No

3. Do you have a progressive neurological condition? (affects the brain, spinal column or nerves) e.g. Parkinson's, dementia ☐ Yes ☐ No

4. Medical condition – Can you do gentle exercises? ☐ Yes ☐ No

5. Do you live in the community or in an independent living unit?

☐ Yes ☐ No

6. Are you registered with My Aged Care? (www.myagedcare.gov.au)

☐ Yes ☐ No

7. Can you attend an English speaking group ☐ Yes ☐ No

7.1 If No, what language _____

Emergency Contact: _____ Relationship: _____

Contact Number(s): _____

GP's name / practice: _____

GP's address: _____

Do you consent to us sharing information with your GP, during or upon your completion of the program? ☐ Yes ☐ No

NB. Your details will be entered into our database. When there is space in a group near you, we will contact you, please bear in mind that this can take some time.

Some exclusion criteria may apply.

Additional Information e.g. days not available, holidays planned:

OFFICE USE ONLY

Date Received: