Stepping On Registration Form

Date: / /	Form completed by:_____	▭ Not interested/Declined ▭ Data entered ▭ Info Pack Sent

First name: _____ Surname _____

Address: _____ Postcode:_____

Home phone: _____ Mobile: _____

Date of birth: _____ Gender: Male/Female

Are you of Aboriginal or Torres Strait Islander origin? (Please circle) Yes No

Are you a carer? (Please circle) Yes No

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

▭ Referred by GP ▭ Referred by other healthcare professional ▭ Saw newspaper article

▭ Saw poster or brochure ▭ Attended presentation about the program ▭ Saw newsletter article

▭ Heard about it on radio ▭ Recommendation by previous participant

▭ Other (please specify) _____

ENTRY CRITERIA CHECKLIST – ask 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 (Excluded if 'No' to both Q1.1 and Q1.2)

2. Mobility Status

2.1. Can you walk independently (without assistance of another person) ▭ Yes ▭ No (Excluded)

2.2. Do you use a walking frame ▭ Yes (Go to Q 2.3) ▭ No (Skip to Q3)

2.3. Can you walk safely inside your house without using a walking frame ▭ Yes ▭ No (Excluded)

3. Do you have a condition like MS or Parkinson's Disease ▭ Yes (Excluded) ▭ No

4. Medical condition

4.1. Do you have a medical condition that might mean you can't do gentle exercises ▭ Yes (Excluded) ▭ No

4.2. Have you been diagnosed with dementia ▭ Yes (Excluded) ▭ No

5. Do you live in the community or in an independent living unit ▭ Yes ▭ No (Excluded)

6. Can you attend an English speaking group ▭ Yes ▭ No

6.1. If No; what language? _____

Emergency Contact: _____ Phone:(H) _____ (M): _____

Relationship: _____

GP's name: _____ GP's phone:_____

GP's address _____ Postcode _____

Inform caller –

Your details have been entered into our database and an information pack will be sent.

Stepping On

NSW GOVERNMENT Health

The Stepping On coordinator will call you when the next group is due to start, please bear in mind that this can take some time.

Stepping On Co-ordinator _____

Participants registration: Rego pack sent ☐ Yes ☐ No

Date: _____ Registration completed by: _____

Group location:_____ Group date: _____

Notes:

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Please send Registration Form to:

WSLHD-ActiveandHealthy@health.nsw.gov.au **or** **Fax: 9840 3608**