Date of referral:

## Participant details

## Referrer details

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

Date of Birth:

Age:

Surname:

Surname:

Forename:

Forename:

Organisation/Role:

Address:

Post code:

Address:

Postcode:

Contact number:

Email address:

**I am happy to be contacted by Sky Blues in the Community regarding DementiaActive sessions:** Yes / No

Contact Number:

Email address:

Emergency Contact

Name:

Contact Number:

Medical Information

Type of dementia or cognitive impairment and how long since diagnosis if applicable?

Are there any previous injuries or other conditions that may affect you participating in some physical activity?

Any other medical conditions/allergies:

**Support**

Will you be attending the session with another person? (e.g support worker/family member)

Will the participant require 1:1 support during the session?

**Activities**

**Any further questions or additional support required?**

If you have any other activities you would like to participate in, please feel free to suggest below

Please put a \* next to any activity that is of interest

**Football Badminton Basketball Tennis Dodgeball**

**Cricket Table Tennis Archery Boccia Indoor Bowls Handball**