**MRS Independent Living**

**OTAGO REFERRAL FORM**

|  |  |
| --- | --- |
| Patient’s Name:  | GP Name:  |
| NHS No:  | GP Practice:  |
| DOB:  | GP Phone:  |
| Patient’s Address:  | GP Address:  |
| Phone Number:  | Referrer:  |
| Email: | Referrer Phone: |
| NOK | Referrer Email: |
| NOK contact details: | Date of referral: |

**Has the patient consented to this referral? Y/N**

|  |  |  |  |
| --- | --- | --- | --- |
| **Inclusion Criteria** | **Y/N** | **Exclusion Criteria** | **Y/N** |
| History of falls and/or balance deficits |  | Unresolved medical reason for fall/ Injurious fall not examined |  |
| Fear of falling or feeling unstable, but able to be challenged during exercise |  | Unstable/ Uncontrolled heart disease or anginaTachycardia or uncontrolled arrhythmia |  |
| Able to follow and recall instructions to participate in an exercise programme |  | Acute systemic illness (eg: pneumonia/cancer) |  |
| Motivated and able to commit to exercising 3 times a week (x 1 a week in the group) |  | Severe breathlessness or uncontrolled severe pain |  |
| Over 75 years of age (some exceptions will be allowed) |  | Uncontrolled hypertension (>180 resting systolic/ >100 resting diastolic) Significant hypotension during exercise |  |
| Able to stand, feet apart, unsupported for 30 secs with eyes open |  | Uncontrolled visual or vestibular disturbances |  |
| Unable to attend a community exercise class |  | Unable to maintain seated position due to neurological deficits |  |
|  |  | Impaired cognition or unable to follow advice |  |
|  |  | Risk to themselves or others |  |

|  |  |
| --- | --- |
| **Falls history /Investigations into Falls:** (Consider any underlying medical reason for falls – do they need to be assessed in Falls Clinic at Homerton?) | Number of falls in the past 12 months:Circumstances of falls:Injuries and admissions as a result of a fall:Investigations into falls: |
| **Relevant PMH** **The** |  |
| **Relevant medication:** |  |
| **Mobility:** | **Indoor mobility:**Independent ☐ Requires supervision☐ Requires assistance ☐No aid ☐ Stick/Crutch ☐ Frame/Walker ☐ **Stairs:**Independent ☐ Requires supervision☐ Requires assistance ☐ Unable ☐ |
| **Any other precautions or special considerations for exercise?** |  |

**Please send referrals to:**

**Email:** otago@mrsindependentliving.org

**Post:** MRS Independent Living, The Adiaha Antigha Centre, 24-30 Dalston Lane, London E8 3AZ