



**WE ARE
MACMILLAN.
CANCER SUPPORT**

**Energise Exercise Self-Referral Form
Easton, Henbury, Horfield, Clevedon
or Hengrove Park Leisure Centres**

Your Details			
Name:			
Address:			
Postcode:		DOB:	Age:
Telephone (daytime)			
Telephone (mobile)			
Email:			

GPs name:			
GP surgery:			
GPs telephone no:			

By completing this form you are consenting to us contacting your GP if required. We will always notify you before we contact your GP.

Please detail your Cancer Diagnosis and Cancer Related Treatments

Please describe any other health conditions you think we should know about

Are you awaiting further medical, surgical or psychological treatment? **Yes/ No** (Please circle answer)
If 'Yes' please tell us what this is:

Exercise sessions run at:

- **Easton Leisure Centre on Thursdays from 12.45 - 1.45pm**
- **Henbury Leisure Centre on Wednesdays from 6 - 7pm**
- **Horfield Leisure Centre on Tuesdays from 11am - 12pm**
- **The Everyone Active Stadium, Clevedon on Tuesdays from 3 - 4pm**
- **Hengrove Park Leisure Centre on Mondays from 10:15 - 11:15am**

Patient Signature:

Date form completed:

Once you have completed this form please send to the address detailed below:

Energise, c/o Alistair Macfarlane,

Easton Leisure Centre, Thrissell Street, Easton, BS5 0SW

Henbury Leisure Centre, Avonmouth Way, Henbury, BS10 7NG

Horfield Leisure Centre, Dorian Road, Horfield, BS7 0XW

Tel: 07825 033741

Energise, c/o Kate Oldham,

Everyone Active Stadium, Davis Lane, Clevedon, BS21 6TG

Tel: 07800 743305

Energise, c/o Naomi Button,

Hengrove Park Leisure Centre, Hengrove Promenade, Hengrove, BS14 0DE

Tel: 0117 9370200

When we have received your completed form we will contact you.

If you wish to discuss any aspects of the form please contact us on the number above

Disclaimer:

I understand that I am responsible for monitoring my own responses during exercise and will inform the instructor of any new or unusual symptoms.

I will also inform the instructor of any changes in my medication, the results of any investigations or treatment.

Signed:

Date: