



**WE ARE  
MACMILLAN.  
CANCER SUPPORT**

**Energise Exercise Self-Referral Form**  
**Horfield Leisure Centre and EA Stadium,  
Clevedon**

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:**

- **Horfield Leisure Centre on Tuesdays and/or Fridays from 11am – 12pm**
- **The Everyone Active Stadium, Clevedon on Wednesdays from 2 – 3pm or 3 – 4pm**

<b>Patient Signature:</b>	<b>Date form completed:</b>
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**Once you have completed this form please send to the address detailed below:**

Energise, c/o Tracy Charles,

[tracycharles@everyoneactive.com](mailto:tracycharles@everyoneactive.com),

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

Tel: 07825 033741

Energise, c/o Alistair Macfarlane,

[alistairmacfarlane@everyoneactive.com](mailto:alistairmacfarlane@everyoneactive.com),

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

Tel: 07825 033741

**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:**



**You'll feel better for it**

