

**LIVING
WITH
CANCER?
WE'LL HELP
YOU GET
ACTIVE**

**WE ARE
MACMILLAN.
CANCER SUPPORT**

Move More Dundee
Expert support to get you moving

Together with Macmillan

**leisure &
culture** DUNDEE

NHS
Tayside

Macmillan Cancer Support, registered charity in England and Wales (261017),
Scotland (SC039907) and the Isle of Man (604).

Move More Dundee self-referral form

Participant details:

| | | |
|---------------|------------------|----------|
| Title | First name | Surname |
| Address | | Postcode |
| Telephone | Email | |
| Date of birth | Cancer diagnosis | |

Medical conditions:

- | | |
|---|---|
| <input type="checkbox"/> Heart conditions (e.g. heart attack) | <input type="checkbox"/> Surgery (e.g. joint replacement) |
| <input type="checkbox"/> Breathing conditions (e.g. asthma) | <input type="checkbox"/> Hearing/visual impairment |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cognitive impairment (e.g. dementia) |
| <input type="checkbox"/> Neurological condition (e.g. stroke) | <input type="checkbox"/> Muscle, bone, joint conditions |
| <input type="checkbox"/> Epilepsy | |

Additional comments/information that is relevant to attending Move More Dundee
e.g. arthritis, low mood etc:

Move More screening questionnaire:

Has your doctor ever said that you have a heart condition and should only do physical activity recommended by a doctor? Yes No

Do you feel a pain in your chest when you do physical activity? Yes No

In the past month, have you felt a pain in your chest when you were not doing physical activity? Yes No

Do you lose your balance because of dizziness or do you ever lose consciousness?
 Yes No

Has your doctor ever said that you had a stroke? Yes No

Patient consent (Data Protection Act 1998):

I have been informed about the Move More Dundee programme and wish to join a physical activity group Yes No

I agree to the information in this form being passed to the Move More team at Dundee and to being contacted by telephone or email Yes No

I acknowledge that all information will be confidential and held at Move More Dundee for the purpose of the Move More programme Yes No

Signature _____ Date _____

Please email completed forms to: wellbeing.referrals@dundeecity.gov.uk
or post to: Move More Dundee, Olympia, 3 East Whale Lane, Dundee, DD1 3JU
Telephone: 01382 432259

All information passed to Move More is held in the strictest confidence under the guidelines of Data Protection Act 1998.

Data Protection

All information provided will only be used by Leisure and Culture Dundee for the purposes of managing your involvement in the Move More Dundee programme. This includes using the information to make contact with you to arrange consultations, input and feedback.

Sensitive data, relating to your medical history/medication, will be only used for the creation of client specific plans.

General data will be used to create reports on the effectiveness of the programme, however this will be statistical and non-identifiable data to ensure complete anonymity and security of participants.

Leisure and Culture Dundee will securely hold the data provided. All data provided by you will be processed, stored and destroyed in accordance with the General Data Protection Regulation (GDPR) and only for the duration of your involvement within the Move More Dundee programme.

For full information on Leisure and Culture Dundee's privacy policy, including guidance on retention periods please see our website for further details at www.leisureandculturedundee.com/privacy-policy.

SUBMIT

PRINT

SAVE AS