

# Coping Through Football      Contact & Referral Form

**Referrer details**

Name.....

Address.....

Telephone no.....                      Email.....

Date of Referral.....

**Personal Details**

First Name..... Surname.....

Address..... Post Code.....

Tel No..... Date Of Birth..... Sex..... NHS No:.....

G.P. Name, Address & Tel. No:.....

.....Emergency Contact No.....

**Ethnicity:**      **White:** British ( ) Irish ( ) Other ( )  
*(please tick)*    **Mixed:** White & Black Caribbean( ) White & Black African( ) White & Asian( ) Other Mixed ( )  
**Asian/British Asian:** Indian ( ) Pakistani ( ) Bangladeshi ( ) Other Asian ( )  
**Black:** Caribbean ( ) African ( ) Other ( )  
**Other Ethnic Categories:** Chinese ( )  
**Not stated** ( )

**Medical History:**

Do you have a history of any of the following?

Condition	Yes	If Yes, please provide details	Medication taken to address the condition
Asthma			
Blood Pressure Issues			
Diabetes			
Cardiac issues			
Raised Cholesterol			

If Yes to any of the above, assessor should contact GP for further information

Has letter been sent to G.P. to advise of the referral? (use standard letter)      YES / NO  
 Are there any psychiatric side affects that might prohibit participation in physical activity      YES / NO

**Current Physical Health:**



**Risk Issues:**

(Please tick if applicable. If yes please explore further and ensure this is addressed in Management Plan)

- |                                   |                          |
|-----------------------------------|--------------------------|
| Arson                             | <input type="checkbox"/> |
| Aggression                        | <input type="checkbox"/> |
| Violence                          | <input type="checkbox"/> |
| Inappropriate sexual behaviour    | <input type="checkbox"/> |
| Damage to property                | <input type="checkbox"/> |
| Weapons                           | <input type="checkbox"/> |
| Self harm                         | <input type="checkbox"/> |
| Substance Misuse (please specify) | <input type="checkbox"/> |

Other (please provide details)

---

---

**Risk Management Contingency Plan:****Date of Assessment:****Letter sent:** YES / NO

Please return this form to Sonia Smith:

Address: Sonia Smith, Waltham Forest Access & Assessment Team, Coping Through Football Project  
Co-ordinator, 26 Low Hall Lane, Walthamstow, E17 8BE

Email: [sonia.smith@nelft.nhs.uk](mailto:sonia.smith@nelft.nhs.uk)