Address

Telephone

Email

**Volunteer Community Exercise Referral Form**

Community Exercise Volunteers can provide 8 weekly home visits once the patient has been discharged from hospital. This support will enable them to support the physiotherapy prescribed exercises at home.

**This service is open to residents of Kingston Borough and for any patient who:**

* Is 65 years old or over
* Had had a fall in the last 12mths, at risk of falls, or is worried about falling
* Unable to access exercise classes or is housebound therefore at risk of loneliness and social isolation

**Physical outcomes criteria:**

* Timed up and go – must be less than 40sec with a walking aid or independently
* 180 Turn- 10 steps or less with a walking aid or independently
* STS 60 secs- no minimum criteria

**Exclusion criteria:**

* Patients with serious pathologies or who are not medically stable
* Patients admitted with Covid
* Patients who need manual assistance walking
* Patients who have significant cognitive impairment and are unable to engage in assessment or follow instructions.

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| --- |
| **Patient Contact Details**  |
| First and last names |  |
| Patient Address |  |
| MRN/ NHS number |  | Gender | Male [ ]  Female [ ]   |
| Date of birth |  | Age |  |
| Telephone number (Home) |  | Telephone number (Mobile) |  |
| NOK name and contact number |  |
| Has the patient consented to the referral and home visits? Yes [ ]  No [ ]  |
| Has the patient been referred to other services? Yes [ ]  No [ ] If yes, which ones; |
| **Initial Assessment:** |
| Had a Fall in the last 12 months (Y/N) Number of falls: Fear of Falling (Y/N) Score 0-10:180 degree turn (number of steps):STS- 60 sec test (number of STS):TUAG (time taken in seconds): Any other relevant medical or social history for volunteers to be made aware of: (e.g living arrangements, hearing or visual impairments)Any safety alerts to be made aware of: (e.g. safeguarding issues/allergies/other residents/pets) |
| **Physiotherapy Prescribed Exercises (Please ensure patient has been discharged with a copy of home exercise programme)** **Please list any exclusions to the exercise programme provided:** |
|  |
| **Referrer Name** | **Designation:** | **Contact number:** | **Date:** |
|  |  |  |  |
| **For Volunteer (Office use only)** | **Volunteer allocated to:** | **Volunteer contact number:** | **Date allocated:** |
|  |  |  |