



Llwybr Gweithgaredd Anabledd Iechyd Health Disability Activity Pathway

Health Disability Activity Pathway Signposting Form

Patient Contact Details

Name:



Date of Birth:

Name of Parent / Guardian (if applicable):



Home Phone No.:



Mobile Phone No.:



Email Address:



Address with Post Code:



Referrer Contact Details

Name:



Profession:

Phone No.:



Email Address:



Signature:

Address with Post Code:

Nature of Disability / Impairment

Physical (ambulant)

Deaf / Hard of Hearing

Other

Physical (Permanent wheelchair user)

Blind / Visually Impaired

Physical (As-required wheelchair user)

Learning Disability



Please give further details which you think might be relevant (more space available on Page 3 if needed)



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Patient Contact Preferences

- Tick (✓) if you are happy for us to leave you an answer phone message (voicemail) 
- Tick (✓) if you are happy for us to add you to our mailing list. 
(Your details **WILL NOT** be shared with any third parties.)

Patient Consent

I hereby give my consent for the Transfer of Information (in accordance with GDPR 2018). I have been informed about the Health Disability Activity Pathway and consent to this form being sent. I consent to processing the data for the purposes for which it was supplied and in accordance with Disability Sport Wales' Privacy Policy*.

Signature:

Today's Date:

Consent provided by: (please tick ✓) Patient Patient's Parent / Guardian

* Disability Sport Wales' Privacy Policy can be reviewed online at:
<https://www.disabilitysportwales.com/en-gb/privacy-notice>


Completed Forms

Please send completed forms to:

 **Health Disability Activity Pathway,
Disability Sport Wales,
Sport Wales National Centre,
Sophia Gardens,
Cardiff
CF11 9SW**

or submit via email to:

 **health@disabilitysportwales.com**

For Performance Pathway referrals, please contact:
Gemma Cutter  **gemma.cutter@disabilitysportwales.com**



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Nature of Disability / Impairment continued (if required)

Please continue providing further details regarding the nature of the disability / impairment:
