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:

Address with Post Code:

☐ **Tick (✓)** I have discussed Health Disability Pathway with the patient, and where applicable their parent/guardian, and they have consented to the referral for signposting.

Nature of Disability / Impairment

☐ **Physical** (ambulant)

☐ **Physical** (Permanent wheelchair user)

☐ **Physical** (As-required wheelchair user)

☐ **Deaf / Hard of Hearing**

☐ **Blind / Visually Impaired**

☐ **Learning Disability**

☐ **Other**

Please give further details which you think might be relevant on Page 3.

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Patient Contact Preferences

Tick (✓) how you would prefer to be contacted:

☐ **Email** ☐ **Phone Call** ☐ **Text Message** ☐ **Any method**

☐ **Tick (✓)** if you are happy for us to leave you an answer phone message (voicemail)

Tick (✓) your preferred language:

☐ **Cymraeg** ☐ **English** ☐ **British Sign Language (BSL)**

Patient Consent

I hereby give my consent for the Transfer of Information (in accordance with Data Protection Legislation). I have been informed about the Health Disability Activity Pathway and consent to this form being shared with the Health Disability Activity Pathway Team and the Local Authority Sports Development Team (or equivalent service provider in my area).

I consent for my personal data to be processed for the purpose of advice and support in relation to the Health Disability Activity Pathway and in accordance with the privacy policy of Betsi Cadwaladr University Health Board*.

I understand that this referral will not form part of my health record; if a copy is required, AllWales.HDAPReferrals@wales.nhs.uk should be contacted.

Name:	**Today's Date:**

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

* Betsi Cadwaladr University Health Boards' Privacy Policy can be reviewed online at: https://bcuhb.nhs.wales/use-of-site/privacy-policy/

Completed Forms

Please send completed forms via email to: **AllWales.HDAPReferrals@wales.nhs.uk**

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Nature of Disability / Impairment

Please provide further details regarding the nature of the disability / impairment: