



Llywybr Gweithgaredd Anabledd Iechyd Health Disability Activity Pathway

Signposting Form

Patient Contact Details

Name:

Date of Birth:

Name of Parent / Guardian (if applicable):

Home Phone No.:

Address with Post Code:

Mobile Phone No.:

Email Address:

Referrer Contact Details

Name:

Profession:

Phone No.:

Address with Post Code:

Email Address:

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)

Deaf / Hard of Hearing

Physical (Permanent wheelchair user)

Blind / Visually Impaired

Physical (As-required wheelchair user)

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 All Wales Health Disability Activity Pathway and understand that this form will be shared with the Health Disability Activity Pathway Team and the Local Authority Sports Development Team (or equivalent service provider in my area).

I understand that my personal data will be processed for the purpose of advice and support in relation to the Health Disability Activity Pathway and for the production of anonymous local and national reports and in accordance with the privacy policy of Betsi Cadwaladr University Health Board*. I understand that once my referral has been passed externally from BCUHB the policies and procedures of that organisation become applicable.

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/>





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Nature of Disability / Impairment

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

Completed Forms

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

