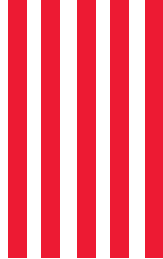




SAINTS
FOUNDATION



YOUR JOURNEY TO BETTER HEALTH

PATHWAYS

TO HEALTH

Naturally, our body changes as we age. Sometimes those changes can stop us from being as active as we once were. With the support of Saints Foundation's Pathways to Health programme, you can make a simple lifestyle change to increase your health and wellbeing.

We have a variety of sessions across Southampton, led by qualified and friendly instructors with specialist training qualifications.

Send this form completed to Saints Foundation, where we will then invite you to a free wellbeing review, with an experienced member of our team.

After understanding the health changes you want to make, we link you with an appropriate instructor whose experience matches your needs.

At a small contributory cost and in a location close by you can start on your pathway to better health!



TO BOOK OR FIND OUT MORE, CONTACT:
JESSICA HULBERT 02380718605 / 07741552068



SAINTS FOUNDATION

Thank you for taking the time to complete this recommendation form for Saints Foundation's Pathways to Health programme. This recommendation is to be completed by yourself or must be completed jointly with the person being recommended. Should you need a digital copy of this form please email soccg.pathways2health@nhs.net

Participant's Name	
Date of Birth	
Contact Number	

If any of the boxes are ticked **YES** in the below table we unfortunately will **NOT** be able to take this recommendation any further.

Has your doctor told you that you have:	YES	NO
1. Unstable angina or uncontrolled heart disease	<input type="checkbox"/>	<input type="checkbox"/>
2. Tachycardia >100bpm or uncontrolled arrhythmia	<input type="checkbox"/>	<input type="checkbox"/>
3. Unstable or acute heart failure	<input type="checkbox"/>	<input type="checkbox"/>

Tell us a bit about why you/ the person you are recommending would like to be a participant of Pathways to Health:

Do you the participant/ the person that you are recommending give consent for the details above to be shared with Saints Foundation and consent to being contacted by a member of the Saints Foundation team?	YES	NO
(If no, please contact 02380 718695 in order to process the next stage, please keep hold of this completed form in the meantime)		

Your Name:		Date:	
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Occupation and phone number:	
(if recommending someone else)	

Your Signature:	
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PLEASE SEND COMPLETED FORMS TO: SAINTS FOUNDATION -
PATHWAYS TO HEALTH, ST MARYS FOOTBALL STADIUM, BRITANNIA ROAD,
SOUTHAMPTON, SO14 5FP
OR VIA EMAIL [SOCCG.PATHWAYS2HEALTH@NHS.NET](mailto:soccg.pathways2health@nhs.net)