Stepping On Registration Form

Date: / /	Form completed by: _____	☐ Not interested/Declined ☐ Data entered ☐ Info Pack Sent

First name:_____ Surname _____

Address: _____ Postcode: _____

Home phone:_____ Mobile:_____

Date of birth: _____ Gender: Male/Female

Are you of Aboriginal or Torres Strait Islander origin? (Please circle) Yes No

Are you a carer? (Please circle) Yes No

How did you find out about the program? _____

_____

ENTRY CRITERIA CHECKLIST – ask all questions

1. Falls History

1.1. Have you had a fall in the last year? ☐ Yes ☐ No (Excluded if 'No' to both Q1.1 and Q1.2)

1.2. Are you concerned about falling? ☐ Yes ☐ No (Excluded if 'No' to both Q1.1 and Q1.2)

2. Mobility Status

2.1. Can you walk independently (without assistance of another person) ☐ Yes ☐ No (Excluded)

2.2. Do you use a walking frame ☐ Yes (Go to Q 2.3) ☐ No (Skip to Q3)

2.3. Can you walk safely inside your house without using a walking frame ☐ Yes ☐ No (Excluded)

3. Cognitive Impairment

3.1. Do you have a condition that affects your memory (Dementia, Parkinson's, stroke) ☐ Yes (Go to Q3.2) ☐ No (Skip to Q4)

List Condition _____

3.2. Will this affect your ability to do gentle exercise or participate in a group setting? ☐ Yes (Excluded) ☐ No (Go to Q4)

Please note you are advised not to participate in the exercises if experiencing rigidity, slow movement, tremors, postural instability, or any pain or discomfort

4. Any Condition that may limit Participation

4.1. Do you have a medical condition that might mean you can't do gentle exercises ☐ Yes (Excluded) ☐ No

5. Do you live in the community or in an independent living unit? ☐ Yes ☐ No (Excluded)

6. Can you attend an English speaking group? ☐ Yes ☐ No

6.1. If No; what language? _____

Emergency Contact:_____ Phone :(H) _____ (M): _____

Relationship:_____

GP's name:_____ GP's phone:_____

GP's address _____ Postcode _____