

**Referral Form for Living Well Carousel Course**

**Name ………………………………………………………………………………**

**Address……………………………………………………………………………**

**.………………………………………………………………………………………**

**Contact telephone number …………………………………………………**

**Contact email address ……………………………………………………….**

**Have you received the course information notes? Yes/No**

**Do you have any access requirements that you would like us to be aware of? Yes/No**

**If yes, please indicate how we can best help you …………………………………………………………………………………………………………………………..…………………………………………………………….**

**If you would like to discuss your requirements further in confidence, please let us know.**

**Do you live with any of the following long-term conditions?**

**Arthritis 🞎 Diabetes 🞎 High blood pressure 🞎**

**Heart disease 🞎 COPD 🞎 Depression 🞎**

**Cancer 🞎 Kidney disease 🞎 Stroke 🞎 Other 🞎**

Please note that places on the course will be limited, therefore we would ask you to return your form to confirm your place as soon as possible.