

SFL ENROLMENT FORM - TIER 2 FACILITY

SFL partner name: _____

Name: _____

DOB: _____

Suburb: _____

Telephone: _____

Country of Origin: _____

Gender: _____

Doctor: _____

Telephone: _____

Emergency Contact: _____

Telephone: _____

Occupation: (or previous occupation if retired): _____

Are you a veteran; war widow/er; or spouse, dependent of a veteran? Yes No

Referral Source:

- Doctor Physiotherapist Rehabilitation Services
 Falls Prevention Service Health Clinic Healthy Lifestyle Program

If self-referred, where did you hear about the Strength for life Program?

- The Messenger COTA SA Publication/Web Friend/Family
 COTA Office Presentation Other _____

Why have you chosen to start Strength Training?

- Doctors recommendation Social interaction To improve strength
 Preventative action Manage weight Recovering after injury
 To stay fit and healthy Manage chronic condition/s

Did you exercise before joining Strength for life? Yes No

- At the gym Dancing Walking/running
 Swam Other Exercise _____
 Played sport (circle) – in my: 20's 30's 40's as a child/teenager

I agree that information regarding my enrolment in the Strength for life Program can be used for promotion and evaluation of the program. Information collected will be treated confidentially.

Signed: _____ Date: _____