

SFL ENROLMENT FORM - Tier 2

SFL Facility Name: _____

Name: _____

DOB: _____

Suburb: _____

Telephone: _____

Country of Origin: _____

Gender: _____

Doctor: _____

Telephone: _____

Emergency Contact: _____

Telephone: _____

Email Address: _____

Occupation: (or previous occupation if retired): _____

Referral Source:

- Medical Practice
 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
 To help 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 when younger

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: _____