

## STRENGTH FOR LIFE (SFL) ENROLMENT FORM

**SFL Facility Name:** \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Suburb: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Gender: \_\_\_\_\_

Country of Origin: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Do you identify as Aboriginal or Torres Strait Islander? \_\_\_\_\_

Email Address: \_\_\_\_\_

### Referral Source:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Medical Practice         | <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Rehabilitation Services   |
| <input type="checkbox"/> Falls Prevention Service | <input type="checkbox"/> Health Clinic   | <input type="checkbox"/> Healthy Lifestyle Program |

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Local Newspapers | <input type="checkbox"/> COTA SA Publication       | <input type="checkbox"/> Friend/Family |
| <input type="checkbox"/> Social Media     | <input type="checkbox"/> Presentation from COTA SA | <input type="checkbox"/> Website       |

### What was the reason to start Strength Training?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Medical recommendation | <input type="checkbox"/> Social interaction         | <input type="checkbox"/> To improve strength  |
| <input type="checkbox"/> Preventative action    | <input type="checkbox"/> Weight management          | <input type="checkbox"/> To help after injury |
| <input type="checkbox"/> Stay fit and healthy   | <input type="checkbox"/> Chronic disease management | <input type="checkbox"/> Improve Balance      |

*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: \_\_\_\_\_