Yoga4Recovery Programme Referral Form

Yoga4Recovery programme is a 6 week programme for addiction recovery and relapse prevention. Patients should fall into one or more of the following referral criteria: -

|  |  |  |  |
| --- | --- | --- | --- |
| **Tick reason for referral – you can tick more than one** | | | |
| Interested in recovery |  | In recovery |  |
| Relapse prevention |  | Back from relapse |  |

The Yoga4Recovery teacher will screen patients during induction and gather physical activity readiness information which will additionally determine the patient’s suitability for the programme.

**Patient/Client Information**

Name:

Address:

Postcode:

E-mail:

DOB:

Tel:

**Self referral**: ☐

**Referrer Information**

Name:

Client consent\*: ☐

Organisation/GP Practice:

Address:

Email:

Telephone No:

Any other information:

This patient/client can participate in the Yoga4Recovery programme which involves gentle breathing and physical practice on a yoga mat, with modifications offered to suit individual needs. NOTE: Patients must be over the age of 18 and clean and sober on the day to attend class.

Yes / NO Signed………………… Print name……………….…. Date…………

\* By ticking this box I confirm that the client consents to their contact data being passed to the Yoga4Recovery tutor who will contact them.

**Completed forms should be forwarded to contact@yoga4all.co or call 01702 475700 if you have any queries.**