time
make it count

EXERCISE – RE-ORDER FORM

Please supply me with the following items from the *time* Patient Care Programme:

	Quantity
☐ Round Britain Walk Competition Wall Chart	.....
☐ Round Britain Walk Stage Certificates	.....
☐ Round Britain Walk Completion Certificate	.....
☐ Round Britain Walk Competition Postcards	.....
☐ Pedometer	.....
☐ Healthcare Professional Posters	.....
☐ Patient Posters	.....
☐ Flash Cards	.....
☐ Healthcare Professional Book	.....

	Quantity
☐ Patient Book	.....
☐ Patient Diary	.....
☐ Exercise on Dialysis Card	.....
☐ DASI Patient Questionnaire Tear off Pad	.....
☐ DASI Score Sheet Questionnaire	.....
☐ Exercise on Dialysis Progress Tear off Pad	.....
☐ Rating of Perceived Exertion Sheet	.....
☐ Ankle Weight	.....

Signature of healthcare professional: _____

Please use block capitals in black ink

Name: _____ Date: _____

Name and address of hospital/unit: _____

_____

_____

Tel no of hospital/unit: _____

Please fax this form to: _____

Alternatively, please post to:

Supported by the NKF.

www.kidney.org.uk
Helpline: 0845 601 02 09

Supported by ANSA.

www.anaemianurse.org
Helpline: 01483 724472