

Admin only:

Client ID No:

Date Received:

LIFESTYLES REFERRAL FORM
TEL: FREEPHONE 0300 003 0818



Please complete each relevant section as fully as possible	
First Name:	NHS No:
Surname:	D.O.B. Sex: M/F
Address:	Home Tel No:
	Mobile No:
Post Code:	Works No:
Email Address:	Name of GP:
Referred By:	Practice:

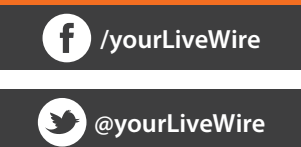
Please tick	<input type="checkbox"/> GP	<input type="checkbox"/> PN	<input type="checkbox"/> HV/Community Nurse	<input type="checkbox"/> Cardiac Rehab	<input type="checkbox"/> Physio	<input type="checkbox"/> Dietician
<input type="checkbox"/> Self-Referral	<input type="checkbox"/> Another Lifestyle Advisor		<input type="checkbox"/> Stroke Team	<input type="checkbox"/> Other(please specify)		
Blood Pressure	Heart Rate	Height	Weight	B.M.I.	Waist Circumference	

PLEASE TICK PROGRAMME(S) REQUIRED:
<input type="checkbox"/> Stop Smoking Programme
<input type="checkbox"/> NRT <input type="checkbox"/> BUPROPION (ZYBAN) <input type="checkbox"/> VARENICLINE (CHAMPIX) <input type="checkbox"/> NONE
<input type="checkbox"/> Healthy Weight Programme for clients with a BMI 30+ or 28+ with co-morbidities
<input type="checkbox"/> Possible candidate for Bariatric Surgery for clients with a BMI over 40+ or 35+ with major co-morbidities
<input type="checkbox"/> Reach for Health Exercise Programme
<input type="checkbox"/> Stay on Your Feet Exercise and Education Programme for later life (65 years plus)
<input type="checkbox"/> Books on Prescription
<input type="checkbox"/> Suitable for Group Consultation

Relevant Medical History:
Current Medication:

Reason for referral:
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Please return to: Healthy Lifestyles, Orford Jubilee Park,
First Floor, Jubilee Drive, Orford, Warrington, WA2 8HE **Fax: 01925 625325**



Client consent to refer to Wellbeing Mentors:

Yes No

Client signature:

Date:

Office Use Only

Client in receipt of:

- | | |
|---|--|
| <input type="checkbox"/> Universal Credit | <input type="checkbox"/> Personal Independent Allowance (PIPS) |
| <input type="checkbox"/> Income Support | <input type="checkbox"/> Disability Living Allowance (DLA) |
| <input type="checkbox"/> Job Seekers Allowance | <input type="checkbox"/> Carers Allowance |
| <input type="checkbox"/> Employment and Support Allowance | <input type="checkbox"/> Students 16 years plus in full time education |
| <input type="checkbox"/> Housing Benefit | <input type="checkbox"/> 60 years plus |
| <input type="checkbox"/> Working Tax Credit | |
| <input type="checkbox"/> Council Tax Benefit | |

How did client hear about the service?

- | | | |
|---|---|--|
| <input type="checkbox"/> 6 & 12 month follow up | <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Website | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Medical Professional | <input type="checkbox"/> Neighbourhood & Wellbeing Team | |

Other

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Data Protection Information Declaration All the information collected on the Client Record Form will be dealt with confidentially by the Lifestyles Team under the (HSC 2000/09) Data Protection Act 1998. Information will only be used by the Lifestyles Team to audit outcomes, plan further services, and offer client follow up if required. Data may be shared anonymously with supporting partners.

Data Protection Client Declaration

I agree to the above YES NO

I acknowledge the information given above is correct to the best of my knowledge at the time of completion. I undertake to inform you immediately if any of the above changes.

Signed:

Issue date: July 2014