**To be completed by the referring Health professional**

All patient data is stored securely in accordance with Data Protection guidelines

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| Patient Details |
| Title: | Mr/Mrs/Ms/Miss/Other: | **Date of Birth:** |  |
| First Name |  | **Age: (if under 18)** |  |
| Surname: |  | **Gender:** | Male |[ ]  Female |[ ]
| Address: |  |
| Postcode: |  | **NHS Number:** |  |
| Telephone: |  | **Mobile:** |  |
| Email: |  |
| Parent/Carer Name: |  | **GP Surgery:** |  |
| Medical Conditions / Relevant Conditions: | Anxiety/Depression | ☐ | Asthma | ☐ | Cardiovascular Disease | ☐ |
|  | Dementia | ☐ | Dyslipidaemia | ☐ | Epilepsy | ☐ |
|  | Hypertension | ☐ | Learning Disability | ☐ | Osteoporosis | ☐ |
|  | Post Bariatric Surgery | ☐ | Pre Bariatric Surgery | ☐ | Recent Fall | ☐ |
|  | Serious Mental Illness | ☐ | Sleep Apnoea | ☐ | Type 1 Diabetes | ☐ |
|  | Type 2 Diabetes | ☐ | Chronic Kidney disease | ☐ | Active liver disease | ☐ |
|  | Severe Angina | ☐ | Heart attack or stroke in last 6 months | ☐ | Active cancer | ☐ |
|  | Severe heart failure | ☐ | Other (please state): |
|  | Pregnant or currently breastfeeding | ☐ |  |
|  |  |
| Referrer Name: |  | **Referral Job Title:** |  |
| Referring Organisation: |  | **Referral Date:** |  |

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| Healthy You, Cambridgeshire and Peterborough |
| Health Trainer Service | **Generic Health Trainer*** Support for people to make lifestyle changes to improve their physical health
 |[ ]  **Mental Health Specialist Health Trainer*** Support for people with a mental illness to make lifestyle changes
 |[ ]  **Carer Specialist Health Trainer Service*** Support for carers to make lifestyle changes

(Cambridgeshire only) | [ ]  |
|  | **Alcohol Specialist Health Trainer*** Support for people who want to reduce their alcohol intake
 |[ ]  **Eastern European Specialist Health Trainer Service*** Support for Eastern Europeans to make lifestyle changes
 |[ ]  **Diabetes Specialist Health Trainer Service*** Support for newly diagnosed Type 2 Diabetics (less than 1 year) to make lifestyle changes
 |[ ]
| Healthier lifestyle Support* Support to become active
* Community based healthy eating
 |[ ]
| Stop Smoking ServiceCO reading: |[ ]
| Adult Weight Management Tier 2: * Over 16 years of age
* BMI > 25
* Motivated to make changes over next 3 months
* No significant co-morbidities precluding involvement in the programme
 |[ ]
| * 12 week nutrition, behaviour change and exercise programme
 |  |
| * 12 weeks of Slimming World or Wellness that Works vouchers
 |  |
| Falls Prevention Service: Age 65+ |[ ]
| NHS Health Checks: Aged 40 – 74, no previous CVD diagnosis, not had an NHS Health Check in previous 5 years | ☐ |
| Adult Weight Management Tier 3 * Aged 18 or over and
* BMI 30 Kg/m2 if the patient has complex needs and has not responded to previous tier interventions or
* BMI 35 Kg/m2 with co-morbidities (e.g. type 2 diabetes) or
* BMI 40 Kg/m2

Note: 2.5kg lower BMI figures for anyone from Asian community | ☐ |

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| Please complete Measurements below: For Tier 3 these need to be taken within last 3 months |
| Height: |  | **Date:** |  | **HDL:** |  | **Date:** |  |
| Weight: |  | **Date:** |  | **LDL:** |  | **Date:** |  |
| BMI: |  | **Date:** |  | **Total Cholesterol:** |  | **Date:** |  |
| Blood Pressure |  | **Date:** |  | **Triglycerides:** |  | **Date:** |  |
| HbA1c: |  | **Date:** |  | **Renal Function:** |  | **Date:** |  |
| Liver function: |  | **Date:** |  | **Thyroid Function:** |  | **Date:** |  |

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| Other Considerations/Co-Pathologies: |
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| Relevant Medication: |
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| Consent: |
| I confirm that the patient has agreed to share his/her data with Healthy You |
| Referrer’s Name: | **Referrer’s Signature:** |

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| --- |
| Please send completed referral form via post or e-mail as below |
| Address: |  | **Email:** |
| Everyone Health Fenland District CouncilMelbourne AvenueMarchCambridgeshire PE15 0EN  |  | eh.healthyyou@nhs.netFax: +44  1223 281409 |