**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 Service  CO 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:** |

|  |  |  |
| --- | --- | --- |
| Please send completed referral form via post or e-mail as below | | |
| Address: |  | **Email:** |
| Everyone Health  Fenland District Council  Melbourne Avenue  March  Cambridgeshire  PE15 0EN |  | [eh.healthyyou@nhs.net](mailto:eh.healthyyou@nhs.net)  Fax: +44  1223 281409 |