**Referral Form for Lifestyle Service**

Health Trainers provide a free, personal service to motivate, encourage and support local people to make changes to improve their health. The service aims to help people to identify and, where possible, overcome barriers that may be preventing them from implementing a healthy lifestyle change.

**Please complete the referral form on the next page and post or fax to:**

**Lifestyle Service**

**Radcliffe Library, Stand Lane**

**Radcliffe Manchester**

**M26 1WR**

**Tel: 0845 071 0699/ 0161 253 7554**

**Fax: 0845 223 9002**

**REFERRAL CRITERIA**

Access into the Bury’s Health Trainer Service can be by self-referral or assisted referral using this Referral Form however, clients must:

* 1. live, work or study within Bury or be registered with a Bury GP

***and***

* 1. be aged 16+ years

**LIFESTYLE SERVICE Referral Form**

**CLIENT DETAILS:** Please complete all mandatory (\*) fields as incomplete forms may delay the referral

|  |  |
| --- | --- |
| \*Title:  Mr/Mrs/Miss/Ms/ other |  |
| \*First Name: |  |
| \*Surname: |  |
| \*Address: |  |
|  |  |
|  |  |
| \*Postcode: |  |
| \*Tel. No.: |  |
| Mobile No.: |  |
| \*Date of Birth: |  |
| \* Ethnicity: |  |
| \*Gender: | Male/Female (delete) |
| **GP DETAILS:** | |
| \*GP Practice: |  |
| Address |  |
| \*GP Name: |  |
| \*Postcode: |  |
| **REFERRED BY:** | |
| \*Referred By: |  |
| \*Work Base: |  |
| Address: |  |
|  |  |
|  |  |
| \*Postcode: |  |
| \*Job Title: |  |
| \*Tel No.: |  |
| **SUPPORT REQUIRED:** | |
| * **Weight Management/Healthy Eating** * **Reduce Risk of Diabetes** * **Reduce Risk of Hypertension** * **Stop Smoking** * **Sleep** * **Alcohol Awareness** | |
| **Additional Information:**  Known Health Conditions/Risks? | |
| **Special Requirements:** | |
| Interpreter Required?  Please state language: | |
| Special Needs?  Please provide details: | |

**CLIENT CONSENT:**

* I agree to the information on this form used by the Lifestyle Service to contact me to follow up this referral.
* I understand the above information will be held electronically and stored securely in accordance with the Data Protection Act 1998 and NHS Guidance for NHS evaluation purposes.

|  |  |  |
| --- | --- | --- |
| **Signed:** | **Print Name:** | **Date:** |
|  |  |  |