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| ***Referrer Consent*** *(to be completed by GP/Referrer)* | | |
| **Referrer’s details**  **(e.g. Surgery or referring organisation name & address)** | | Click here to enter text. |
| **Client’s Name:** | | Click here to enter text. |
| **Client’s DOB:** | | Click here to enter text. |
| **Client’s ethnicity:** | | Click here to enter text. |
| **Client’s Gender:** | | Male  Female  Transgender  Other  Prefer not to say |
| **Client’s Address:** | | Click here to enter text. |
| **Client’s contact details:** | | Telephone number: Click here to enter text.  Email address: Click here to enter text. |
| I recommend for the above person to be referred to the Gloucestershire Healthy Lifestyles Service to receive onward signposting and support. I confirm that I have assessed this person, and to my knowledge there is no medical reason why they should not be referred. To maximise staff and client safety, please outline any known client issues (e.g. long term conditions, disabilities, learning difficulties, mental health issues or aggressive/violent behaviour)? Please state if these are current or historic?  I confirm that I have discussed this referral, and the reasoning for it, with the person named above. | | |
| **Please tick the box if any apply:** | Long Term Condition  Mental Health Problems  Learning Disability  Physical Disability | |
| **Additional comments:** | Click here to enter text. | |
| **Important information: Please complete referrers details and date of referral** | GP / Referrers Name: Click here to enter text.  Date of Referral: Click here to enter text. | |
| **Client Consent** *(to be agreed by client)*  I consent to being referred to the Gloucestershire Healthy Lifestyles Service. The nature and purpose of which has been explained by my GP/referrer.  I consent to the release of relevant personal information about myself to the Gloucestershire Healthy Lifestyles Service. I understand this information will be treated as confidential (although it may be used in anonymous form for statistical or research purposes) and that the data controllers are my referring GP practice / referrer. I understand that I have (i) the right to change my mind about being referred to the service and to withdraw consent and (ii) right of access to my information -  **(please tick box)**  I give permission for my GP / referrer to be kept informed of my progress -  **(please tick box)** | | |
| Referral Information *(to be completed by GP/Referrer)* | | |
| Please tick the box of the most appropriate statement below: They are currently pregnant  They have given birth and child is under the age of 2  Neither | | |
| **Support required in relation to** (*tick as many boxes as apply*):  Smoking  Alcohol  Weight  Physical activity | | |
| **Important information for referrers for alcohol & weight related issues**  Please be aware that the Healthy Lifestyles Service is a behaviour change service (tier 1 & 2), and supports people that wish to make lifestyle changes, but do not require specialised support to do so. If referring individuals with more complex issues, these should be referred to tier 3 & 4 services.  **Referring for weight management related issues**  The Healthy Lifestyles Service is able to support people who would like to address a weight related issue. However, those individuals with a BMI > 50 or BMI > 40 with any significant condition (for example, type 2 diabetes or high blood pressure) that could be improved with weight loss, should be referred to relevant tier 3 & 4 services. The link for referral form to Specialist Weight Management Services (tier 3) can be found at <https://g-care.glos.nhs.uk/referralForm/55>  **Referring for alcohol related issues**  For alcohol related referrals, the Healthy Lifestyles Service is able to support people who are drinking outside the Government guidelines and want to cut down, but do not require specialised support to do so. Individuals who are dependent on alcohol should be considered for more specialised services (tier 3).  CGL are the specialist service (tier 3) that provide support to those that are dependent on alcohol and offer treatment/recovery support.  They can be contacted on 01452 223014 or email [gloucestershire.info@cgl.org.uk](mailto:gloucestershire.info@cgl.org.uk) or use link to referral form <https://g-care.glos.nhs.uk/referralForm/169>  **Guidance for referrers sending this electronic form by email**  If you are using nhs.net accounts – this system is secure, and you can send this completed form without encryption to [glicb.hlsglos@nhs.net](mailto:glicb.hlsglos@nhs.net)    If an NHS.net account is available within your practice/organisation, it must not be a general account used by staff who would not need to see the referral forms.  If referrers do not have NHS.net accounts, they need to ensure all personal and sensitive personal information is contained within the attachment which should be encrypted to the NHS Encryption Standard which is AES 256.  Encryption software such as WinZip (paid for) and 7Zip (free) enable encryption to be selected to this level.  In line with Information Governance, please send the password in a separate method of communication – e.g. by telephone. Additionally, if you require more information or support, please contact the Healthy Lifestyles Service on 0800 122 3788, or email [glicb.hlsglos@nhs.net](mailto:glicb.hlsglos@nhs.net)  Please note that we aim to contact all clients within two working days of us receiving their referral.  Thank you for your co-operation | | |