

Outside Agency Referral Form

(amended 27/04/2018)

First name		Surname	
Parent / carer name if client is under 18			
Home phone		Mobile phone	
Address			
		Postcode	
Email address			
Date of birth		Age	
		Gender	<input type="checkbox"/> M <input type="checkbox"/> F
		Pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special instructions or needs, such as language, mobility?			Ethnicity
GP Surgery			

Does the client consent to the referral and being contacted by Thurrock Healthy Lifestyle Services?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
Preferred method of contact	Home phone	<input type="checkbox"/>	Mobile phone	<input type="checkbox"/>	Letter	<input type="checkbox"/>	Email	<input type="checkbox"/>	

Which service would the client be interested in?									
Health checks	<input type="checkbox"/>	Stop smoking	<input type="checkbox"/>	Weight management	<input type="checkbox"/>	Exercise **	<input type="checkbox"/>		
** If 'Exercise', please complete appropriate yellow fields below									

Current medical information									
Height (m)		Weight (kg)		BMI		CO reading			
Does the client have any medical condition affecting their ability to change diet or levels of physical activity?									
Any additional information									
Current medication									
Blood pressure reading			Sys:			Dys:			

The participant is susceptible to, or has, any of the following:

* where "(exercise pathway)" is indicated, we can place the individual onto a programme of exercise, if deemed fit to do so.

Abnormal muscle tone		Angina	
Arrhythmia		Asthma	
Chronic Obstructive Pulmonary Disease (<i>exercise pathway</i>)		Diabetes Type 2 (<i>exercise pathway</i>)	
Cancer – please state which site (<i>exercise pathway</i>)		Other heart issue – state which	
Cardiovascular disease (CVD) (<i>exercise pathway</i>)		Hypoglycemia (or Diabetes Type 1) (<i>exercise pathway</i>)	
Hypertension (<i>exercise pathway</i>)		Joint or back pain – please state where (<i>exercise pathway</i>)	
Impaired vision		Obesity (BMI above 30) (<i>exercise pathway</i>)	
Mental health condition – please state what (<i>exercise pathway</i>)		Parkinson's (<i>exercise pathway</i>)	
Osteoporosis		Unable to stand for long periods	
Stroke (<i>exercise pathway</i>)		Any other condition which may affect ability to exercise	

Exercise previously or currently undertaken

I, the participant _____, give my consent for any relevant clinical details about my health to be given to Impulse Leisure for the use in this scheme

I, the referrer _____, have checked the referral criteria and deem the participant named above is appropriate for this scheme

Referrer's details

First name		Surname	
Organisation name		Date	
Address		Phone	
		Postcode	

Please complete and email to thurrock.ph@nhs.net or call 0800 292 2299

How we will use your information

We will use your information to provide the service requested. We may share your personal data between our services and with partner organisations, such as government bodies and the police. We will do so when it is of benefit to you, or required by law, or to prevent or detect fraud. To find out more, go to thurrock.gov.uk/privacy. Get free internet access at libraries and community hubs.