

**Healthy Choices Referral Form**

**Professional referral ONLY, self-referral to be made by phone**

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| **Name of referrer** | **Organisation** | **Contact details** (please include address, phone and email) |
| **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** |

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| **Child/Young Person’s name**  | **Click here to enter text.** |
| **Date of Birth e.g. 08/09/2002** | **Click here to enter text.** |
| **Gender** | **Choose an item.** |
| **Parent/Carer 1 Name**  | **Click here to enter text.** |
| **Parent/Carer 2 Name** | **Click here to enter text.** |
| **Address** | **Click here to enter text.** |
| **Postcode** | **Click here to enter text.** |
| **Contact number Parent/Carer** | **Click here to enter text.** |
|  **Young Person** | **Click here to enter text.** |
| **GP Name** | **Click here to enter text.** |
| **GP Surgery/Practice Name, Contact number**  | **Click here to enter text.** |
| **Ethnicity** | **Choose an item.** |
| **NHS number (if known):** | **Click here to enter text.** |
| **School** | **Click here to enter text.** |
| **Year Group** | **Click here to enter text.** |

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| **Height (cm)** | **Click here to enter text.** |
| **Weight (kg)** | **Click here to enter text.** |
| **BMI Centile (if known)** | **Click here to enter text.** |

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| **Medical Conditions:** Please give details of any known physical or medical health conditions, including allergies | **Click here to enter text.** |
| **Learning difficulties** | **Click here to enter text.** |

**Other agencies involved:**

|  |  |  |
| --- | --- | --- |
| **TYPE** | **PERSON / DEPARTMENT / ORGANISATION** | **CONTACT NUMBER** |
| **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** |
| **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** |
| **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** |
| **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** |

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| **Reason for referral and additional information:** **Click here to enter text.** |

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| **Parental consent** | **Choose an item.** | **Date given:**  |
| **Child/Young Person consent**  | **Choose an item.** | **Date given:** |

**Consent must be sought. If consent is not provided, please contact the Healthy Choices Team for advice.**

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| **Healthy Choices Use****Referral received by: Click here to enter text.****Date:** **Click here to enter text.** |

**On completion, please send this form via**

* **Email** **HealthyLifestyleService@northyorks.gov.uk**
* **GCSx Email** **HealthyLifestyleService@northyorks.gcsx.gov.uk**

**Please include the location of referral in the email title for example: HLS Referral – Ryedale**

* **Post – to the relevant Healthy Lifestyle Advisor for your geographic area**

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| **Service Manager**  | Phillippa Sellstrom01609 532695 | Insite159-160 High StreetNorthallertonDL7 8JZ |
| **Hambleton &Richmond** | Joanne Weaver01609 798073Rachel Owen Butler01609 798182 | Insite159-160 High StreetNorthallertonDL7 8JZ |
| **Harrogate & Craven**  | Helen Genge01609 797841Nicole Waddington01609 798200 | Oak Beck HouseWoodfield RoadHarrogateHG1 4HZ |
| **Selby** | Bryony Smith01609 536418 Donna Barber01609 536799 | Sherburn-in-Elmet LibraryFinkle HillSherburn-in-ElmetLS25 6EA |
| **Scarborough, Whitby & Ryedale** | Josh Greaves01609 797620Katey Burnett01609 797628 | Briercliffe Children CentreScarboroughYO12 6NS |

