

**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**](mailto:HealthyLifestyleService@northyorks.gov.uk)
* **GCSx Email** [**HealthyLifestyleService@northyorks.gcsx.gov.uk**](mailto: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 Sellstrom  01609 532695 | Insite  159-160 High Street  Northallerton  DL7 8JZ |
| **Hambleton &Richmond** | Joanne Weaver  01609 798073  Rachel Owen Butler  01609 798182 | Insite  159-160 High Street  Northallerton  DL7 8JZ |
| **Harrogate & Craven** | Helen Genge  01609 797841  Nicole Waddington  01609 798200 | Oak Beck House  Woodfield Road  Harrogate  HG1 4HZ |
| **Selby** | Bryony Smith  01609 536418  Donna Barber  01609 536799 | Sherburn-in-Elmet Library  Finkle Hill  Sherburn-in-Elmet  LS25 6EA |
| **Scarborough, Whitby & Ryedale** | Josh Greaves  01609 797620  Katey Burnett  01609 797628 | Briercliffe Children Centre  Scarborough  YO12 6NS |

