

# CLINICAL REFERRAL FORM



Please return completed form by email. NHS workers can send by secure email to [livewell@derby.gov.uk.cjsm.net](mailto:livewell@derby.gov.uk.cjsm.net) and Derby City Council workers can send securely to [livewell@derby.gov.uk](mailto:livewell@derby.gov.uk)

## CHILD/YOUNG PERSON'S DETAILS:

Title (Mr / Mrs / Miss / Ms / Other):

Surname:

First Name(s):

Date of Birth:

Gender:

School:

Address:

Postcode:

Reason for Referral:      Weight Management      Stop Smoking

Route of Referral (If Applicable):      NCMP      GP Surgery      School Nurse      Other

For Weight Management Referrals: Height (M):       Weight (KG):       BMI Centile:

Please note we will contact the patient's GP to advise that the patient is participating in this programme.

GP Surgery:

GP Telephone Number:

GP Email Address:

## ETHNICITY:

White British	White Irish	White Other	Mixed, White and Black
Mixed, White and Asian	Mixed, White and Black African	Mixed Other	Chinese
Other Ethnic Group	Black or Black British	Black or Black British, Other	Asian or Asian British
Asian or Asian British, Bangladesh	Asian or Asian British, Other	Prefer not to say	

## PARENT/CARER DETAILS:

Please note the stop smoking service is confidential for young people aged 13 and over.  
We do not require parent's details if the young person does not wish to give them.

Title (Mr / Mrs / Miss / Ms / Other):

Surname:

First Name(s):

Relationship to Child:

Address (If Different From Child):

Postcode:

Telephone Number:

Mobile Number:

Email Address:

Preferred Contact Method:    Phone    Email    Letter

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Does the child have any health conditions?    Yes    No

If yes please detail:

Does the child have a disability?    ADHD    ASD    Learning Disability    Physical Disability

If other please detail:

Does the child have any specific communication needs?    Yes    No

If yes please detail:

Does the child have any significant emotional difficulties? (e.g. anxiety, low mood)    Yes    No

If yes please detail:

Does the child have any food allergies or any dietary requirements?    Yes    No

If yes please detail:

Does the child have any professionals involved with their care?    Yes    No

If yes please detail:

Is the young person on a Child in Need Plan or a Child Protection Plan?    Yes    No

If yes please detail:

Please explain how you have engaged with the child's parents/carers if the child is being referred for weight management:

Motivation to change score:

Low      1      2      3      4      5      6      7      8      9      10      High

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**REFERRER DETAILS:**

Referrer Name:

Job Title:

Location:

Telephone Number:

Email Address:

The parent/carer must consent to the Privacy Notice below (or patient if aged 13 or over for Kick IT stop smoking) to take part in the Live IT/Kick IT programmes. The email newsletter consent is optional.

# LIVEWELL PRIVACY NOTICE

## How is your information used?

We may use your information to: process applications for our services; check information you have provided, or information about you that someone else has provided, with other information we hold to detect fraudulent applications and to protect public funds; contact you by phone, text, in writing or by email to arrange, confirm or cancel appointments and/or to notify you of changes to our services; send you communications that you have requested or information connected to your Live IT/Kick IT programme; collect and process your health data for anonymous reporting purposes.

## Who has access to your information?

We may share your information with:

- Other Council departments, for example Business Support who handle postal referral forms, the Council's leisure electronic system for managing your swimming membership and Public Health for anonymous reporting purposes.
- We will share your age, gender, height and weight measurements with the school nurse teams to support health improvement.
- External organisations such as Derby County Community Trust to process information for partnership programmes such as Live IT/Kick IT; your GP practice to share results, prescription requests and health concerns; organisations connected to the funding of Livewell for anonymous reporting – University of Derby, Sport England, NHS Derby and Derbyshire CCG, University of Derby and Burton NHS Foundation Trust; Fluid Ideas Ltd – which manages Livewell's website and supplies technical support for Livewell's electronic customer system, hosted by Amazon Web Services; Bionical Ltd (trading as North 51 Ltd) which manages stop smoking information on its electronic system to manage your quit attempt, hosted by Rackspace; online marketing platform, MailChimp if you have consented to receive the Livewell enewsletter.

For further information about how your personal information will be used, please visit [livewellderby.co.uk](http://livewellderby.co.uk) where you can see a full copy of our Privacy Notice. Alternatively you can request a hard copy from [livewell@derby.gov.uk](mailto:livewell@derby.gov.uk)

## I consent to my data being used in this way

At Livewell, we have exciting new activities and news about our health and wellbeing services that we hope you'd like to hear about. Livewell's email updates and enewsletters include information about your programme, activities you can access, changes to our services and health and wellbeing articles from our partners - Derby County Community Trust, Derby City Council, InDerby and Move More Derby.

Yes please I'd like to receive email updates/enewsletters from Livewell

No thanks, I don't want to receive email updates/enewsletters from Livewell

