



**Clinical Referral
Children/Young People**



Patient's Details		
Name of Child:		
Date of birth:		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	
School		
Reason for referral (please tick)		
Weight Management <input type="checkbox"/>	Stop Smoking <input type="checkbox"/>	
For Weight Management referrals only:		
Height (m)	Weight (KG)	BMI centile
Address (including postcode):		
GP contact details :		
Please note we will contact the patient's GP to advise that the patient is participating in this programme.		
Parent/carer details (please note the Stop Smoking service is confidential for young people aged 13 and over and we do not require parent's details if the young person does not wish to give them)		
Title:		
Name:		
Relationship to child:		
Address (if different to child's):		
Preferred telephone number:		
Does the child have any health conditions? If yes please state below:		
Does the child have a disability? (please tick)		
Yes	<input type="checkbox"/>	No <input type="checkbox"/>

If yes please tick the applicable condition:

ADHD

ASD

Learning disability

Physical disability

Other (please state):

Does the child have any significant emotional difficulties (e.g. anxiety, low mood, eating disorder?)

Please list any professionals involved in the child's care (e.g. Paediatrician, CAMHS worker, social worker)?

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 Motivation 1 2 3 4 5 6 7 8 9 10 High Motivation (please circle)

Referrer's name:

Profession/position:

Email address:

Contact telephone number:

Signature:

Date:

Preferred method of contact (please tick) Phone Letter Email

Ethnic origin (please tick appropriate box)

White

African

Mixed or multiple group

Caribbean or black

Asian or Asian British

Other ethnic group

Not known

Does the child have any specific communication needs Yes No

If yes, please specify:

All children and young people participating in the healthy eating sessions will be given different foods to try which are all suitable for vegetarians. If your child has any food allergies or any dietary requirements, please describe them below:

Please return completed form to: Livewell Customer Contact Team, Communities and Place, Derby City Council, The Council House, Corporation Street, Derby, DE1 2FS or email livewell@derby.gov.uk

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

1. 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.

2. 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, Southern Derbyshire CCG, Derby Teaching Hospitals 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 where you can see a full copy of our Privacy Notice. Alternatively you can request a hard copy from 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

Please note that emails related to appointments and important service changes are included in your consent for items 1 and 2.



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