

Nottinghamshire Integrated Wellbeing Service

Your Health, Your Way Referral Form – Primary Care

Please tick to confirm referral is for a resident of Nottinghamshire County (Excludes Nottingham City) Please note; if unsure make the referral and we will triage to assess eligibility. ALL referrals from the healthy families team will be accepted regardless of postcode.		<input type="checkbox"/>
Eligibility Criteria – Please tick all that apply		
Stop Smoking	Anyone 12 years plus who smokes	<input type="checkbox"/>
Adult Weight Management	Adults with a BMI between 30-50	<input type="checkbox"/>
Maternity Weight Management	Adults with a BMI 30+	<input type="checkbox"/>
Family Weight management	At least one child aged 4 years plus and 91 st Centile or above	<input type="checkbox"/>
Physical Activity	Adults who are inactive, or not achieving 60 mins of physical activity a week	<input type="checkbox"/>
Alcohol Reduction	18 years + with Audit C score of 15 or less (Audit C score over 16 refer to CGL)	<input type="checkbox"/>
Falls Prevention	Adults with a previous fall or with mobility and balance challenges	<input type="checkbox"/>
Referral Summary		

Client Personal Information

First Name		Surname	
Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth / /	NHS Number	
Address including postcode			
Home Phone Number		Mobile Phone Number	
Email Address (if known)			
Interpreter Required? YES <input type="checkbox"/> NO <input type="checkbox"/>		Which Language?	
Name of Child (if required)		Name of Parent/Carer (if required)	

Health Data

Pre-Operative YES <input type="checkbox"/> NO <input type="checkbox"/>
Prescribed Medications
Relevant Health Conditions

If you wish to speak to a member of the **Nottinghamshire IWS Team**, please telephone **0115 772 2515** between 8.30am and 5pm Monday to Friday or general enquiries via website www.yourhealthnotts.co.uk or email yourhealth.notts@nhs.net

Weight	Weight in kg:	BMI 18+:	BMI Centile Under 18 (Child):	Height (cm):
Other measures	Audit C score (if known):	GPPAQ (if known):		
Any Learning/Behavioural/Communication Difficulties and preferences?				
Please detail any security or safeguarding issues we should be aware of for a safe consultation?				
Any other comments				

GP Details		
GP Name	Surgery	
GP Full Address	GP Tel	GP Fax

Referrer's Details	
Name of Referrer	Address (or Practice Stamp)
Job Title	
Contact Number	
Email address	

Please tick to confirm you have discussed a referral with the client/carer and that they understand and have agreed to be referred.

Please send completed forms to yourhealth.notts@nhs.net
Telephone referrals via 0115 772 2515
Clients can also refer themselves via telephone or website
For more information visit www.yourhealthnotts.co.uk
 Please note: Referrals are accepted for young people out of area but with a Nottinghamshire based school

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