

**Patient Referral Form – *LifeShape***

**Part A – GP/Nurse Consent** must be completed and signed by a registered professional.

I recommend the below patient to participate in the *LifeShape* weight management programme, managed by the Public Health and Wellbeing Division (PHWD) at South Gloucestershire Council (SGC). I confirm that I have assessed this patient who to my knowledge meets the referral criteria and that there is no medical reason why he/she should not participate. I understand patients will need to be re-referred if they do not engage with the service within 6 months after the referral date. I confirm that I will keep the PHWD at SGC updated with any relevant health changes and that I have discussed the service, the Privacy Notice (Part D – Information for Patients) and the patient has given verbal consent for this referral.

|  |
| --- |
| Name of referring health professional (print):  Please tick: GP  PN |
| Signed: |
| Surgery/Health Centre: |
| Date letter merged: |

**Patient Details**

|  |  |  |
| --- | --- | --- |
| First Name: | | Last Name: |
| Address: | | |
| Postcode: | | Date of birth: |
| Telephone: | Consent for voicemail:  (please tick) | |
| Email address:  *If the client has access to email, then this is essential for the referral process.* | | |

**Part B - Medical Information** must be completed by the GP/referring health professional.

1. **Please tick to confirm that the patient meets the following criteria**
2. Aged 16 years or more
3. If aged 16 to 18 years: Has a BMI equal to or greater than the 98th centile on gender appropriate centile BMI charts, OR other reason stated by the clinician.
4. If aged 18 or above: Has a BMI ≥ 30 (BMI ≥ 28 with co-morbidities or BMI ≥ 27.5 if Black-African, African-Caribbean, and Asian family origin).
5. Patient is Clinically stable
6. Patient is committed to complete the 12-week intervention.
7. Patient is not pregnant.
8. Patient does not have a history of or an ongoing eating disorder.
9. **Patient BMI (weight in kg/height in m2) \*This must be a recent BMI within last 6 months\***

**BMI……………………**

If BMI is ≥ 27.5 is the patient:

Black African, African-Caribbean, South Asian or Chinese? Yes  No

If BMI is ≥ 28 does the patient have co-morbidities? Yes  No

If ‘Yes’ please state ……………………………………………………………………………………………………………….

**\*\*\* Please note** – we are unable to accept referrals for patients with a BMI which is ≤ 30 unless they meet the above criteria. We will not accept referrals for patients with a BMI ≤ 27.5 **\*\*\***

Once referral form has been completed, please give a copy to the patient, and securely email the form to [lifeshape@southglos.gov.uk](mailto:lifeshape@southglos.gov.uk)

WW vouchers cannot be issued until the PHWD has received the patient referral form.

**Part C – About You**

We welcome all individuals and communities. Asking these questions enables us to ensure that our work meets the needs of all and enables us to identify how we can improve our services.

Please answer the following questions. All your answers will be treated in the strictest confidence and will only be used to understand views and help improve our service.

|  |
| --- |
| **Age:**  Under 1819-2425-4445-6465-74  Over 75  Prefer not to say |
| **Ethnic Origin:**  Arab  **Asian/Asian British**  Bangladeshi  Indian  Pakistani  Chinese  Other, please state……………………  **Black/African/Caribbean/Black British**  African  Caribbean  Other, please state………………………  Gypsy or Traveller of Irish Heritage  **Mixed/Multiple Ethnic Groups**  White and Asian  White and Black African  White and Black Caribbean  Other, please state………………………  **White**  English/Welsh/Scottish/Northern Irish/British  White – Irish  White – Other, please state………………….  Other ethnic group  **Other**  Other ethnic group, please state………………  Prefer not to say |
| **Gender:**  Female  Male  Other  Prefer not to say |
| **Do you consider yourself to be disabled?**  No  Prefer not to say.  Yes – Physical impairment, such as *difficulty using arms or mobility issues which*  *may mean using a wheelchair or crutches.*  Yes – Sensory impairment, *such as being blind / having a serious visual impairment*  *or being deaf / have a serious hearing impairment.*  Yes – Mental health condition, *such as depression, anxiety or schizophrenia.*  Yes – Learning disability/difficulty, *such as Down’s Syndrome, dyslexia, dyspraxia or*  *cognitive impairment such as autistic spectrum disorder.*  Yes – Long standing illness or health condition, *such as cancer, HIV, diabetes,*  *chronic heart disease or epilepsy.*  Yes – Other (please state) ……………………………………………………………………………….. |
| **Sexual Orientation**  Bisexual  Gay man  Gay woman / lesbian  Heterosexual  Other  Prefer not to say |
| **Religion and/or Belief**  Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  No Religion  Any other religion, please state……………………..  Prefer not to say |

**Part D – Information for Patients**

**What is *LifeShape*?**

*LifeShape* is your local healthy weight service that helps people manage their weight. The service is a partnership between South Gloucestershire Council, WW (formerly Weight Watchers) and your doctors and nurses.

*LifeShape* is a programme that provides vouchers to attend 12 face to face or digital WW sessions and signposts to physical activities and other appropriate services via the One You South Gloucestershire (OYSG) service. The aim of the programme is to provide you with the skills, knowledge and confidence to help you manage your weight more effectively.

Evidence shows that people who attend both exercise and nutrition sessions are more likely to succeed in sustained weight loss.

**How much does it cost?**

We provide vouchers for twelve free WW sessions.

**What happens next?**

Once your local health professional has completed the referral form including Part C it will be sent to the One You team at SGC. TheOne You team will then contact you via email or the telephone to discuss the offer of WW vouchers. If you have any questions in the meantime, please contact the One You team on **01454 863020** or email **lifeshape@southglos.gov.uk**.

**What do we do with your data?**

We will use your personal information to provide you with a service. We will share your personal information only with your referrer, WW, and if appropriate Circadian Trust who manage local Active Lifestyle Centres, but no one else without your permission. Personal data collected by WW will be stored in the US and will be adequately safeguarded by a Data Transfer Framework Agreement between the parties with EU approved Standard Contractual Clauses (SCCs) in accordance with GDPR Article 46(2)(c).

Upon completion of the service your personal information will be kept securely for seven years.

Statistical information about people who use the service may be retained for longer than this but this would not identify you.

If you would like to request access to the information we hold about you, or have any concerns about how we use your information please complete a [Data Subject Rights request form](http://www.southglos.gov.uk/documents/SARform.docx) or contact us at [LifeShape@southlgos.gov.uk](mailto:LifeShape@southlgos.gov.uk).

More information about how we manage your personal information is available from [www.southglos.gov.uk/privacy](http://www.southglos.gov.uk/privacy).

If you do not have a computer and would like more information, please contact 01454 863020.