|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s Name: | | | | D.O.B.: |
| Child’s BMI (if known): | | | Known allergies: | |
| Child’s Address: | | Contact number for main parent/carer: | | |
| NHS number: | | |
| Ethnicity:  Is an interpreter required? Yes  No  (if yes) language required: | | | | |
| Please confirm that a parent/guardian with parental responsibility has agreed to this referral: Yes  No  If no, please state the reason why. | | | | |
| GP Name: | GP Surgery: | | | |
| Reason for referral:  Any known risk or complexity (include all co-morbidities, social complexities and potential barriers to engagement): | Who is eligible for the service?   * Children aged 2 – 19 years * Resident of Bradford * Child must be above a healthy weight | | | |
| Outside agencies involved with family and contact details of relevant parties:  CAMHS  Social Services  YOT  Police  Early Help  CP  Counselling  LAC  Other (Please specify): | | | | |
| Consent to be agreed:  Consent to Speak to GP Yes  No  Consent to details being shared on SystemOne Yes  No  Consent to access medical records Yes  No  Consent to speak to the referrer Yes  No  Patients should be advised that acceptance of the referral will be dependent on access to the full health record. ALL incomplete referrals without consent will be rejected and returned | | | | |
| Name of referrer: Date of referral:  Referrer job title:  Email: Contact number: | | | | |

Shape, square

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Living Well Children and Family Service  
**REFERRAL FORM**

The Living Well Children and Family Service can offer evidence based support to families of children and young people who are outside of a healthy weight. **Living Well advisors will visit families at home to deliver support**. Referrers should provide information about the support needed and **any other information that would support practitioners undertaking home** **visits.**

The Living Well Service will contact parent/carers of children referred to start family based work focussing on eating well, moving well, sleeping well and feeling mentally well.

On completion send this referral by **secure email** to: [Admin.ChildrenFamilies.LivingWellService@bradford.gov.uk](mailto:Admin.ChildrenFamilies.LivingWellService@bradford.gov.uk) and we will aim to contact families initially within 10 working days of referral receipt.

(Service available Mon-Fri). Telephone: 01274 435660