|  |  |
| --- | --- |
| 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: |



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 and we will aim to contact families initially within 10 working days of referral receipt.

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