

## Great Yarmouth Health Trainer Service and BHF Hearty Lives Referral Form

### 1. Client Details

Name: \_\_\_\_\_

NHS number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

\_\_\_\_\_

Mobile number: \_\_\_\_\_

\_\_\_\_\_

Date of birth: \_\_\_\_\_

Postcode: \_\_\_\_\_

Blood pressure: \_\_\_\_\_

Date of referral: \_\_\_\_\_

Date taken: \_\_\_\_\_

Email: \_\_\_\_\_

Gender: \_\_\_\_\_

### 2. Support

The client would like support with:

- Giving up smoking
- Increasing physical activity
- Healthier eating
- Alcohol use

Other/ comments/ issues

### 3. Referrer details

Referral type (please tick):

- Health Professional                       Other Referral                       Self Referral

Referrers Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Organisation/ Surgery: \_\_\_\_\_

### 4. For completion by the client

I agree to be involved in Mytime Health's, Health Trainer Service and have received relevant information about the structure of this service, and data collected. I agree to be contacted for follow up purposes on regular intervals for up to 1 year post intervention. I understand that my data will be stored on paper and electronically on a secure database, in accordance with the Data Protection Act and NHS guidelines.

I agree for my anonymised data to be shared with Mytime Health, NHS Norfolk and Waveney, Norfolk County Council, UEA, NCG&C and East Coast Community Healthcare for evaluation purposes.

I agree for my anonymised data to be used for audit purposes to inform service development and contribute to research activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Where did you hear about the Health Trainer Service? \_\_\_\_\_

How would you prefer to be contacted?  Voice call  Text message  Email  Post

### 5. Please send referral to:

Address: Health Trainer Service, Electra House, 32 Southtown Road, Great Yarmouth, NR31 0DU

Phone: 07799643423 (Great Yarmouth) or 07795806829 (Waveney) Fax: 01606 539486

Or hand to your local Health Trainer

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