HMR -

Doncaster and Bassetlaw Hospitals NHS
NHS Foundation Trust

HEALTHY LIFESTYLES DONCASTER

Dietetics Department, Doncaster Royal Infirmary, Armthorpe Road, Doncaster, DN2 5LT
Tel: 0800 917 62 64 or 01302 647045 Fax: 01302 381300

REFERRAL DATE	**Title:** Mr / Mrs / Miss / Ms	**Full Name** **Parent/carer (if applicable)**	**NHS Number**
Full address			**Postcode**
School (if applicable)			
Date of Birth	**Gender** ☐ Male ☐ Female	**Client contact telephone number** Home: Mobile:	

Health and Medical Information
Can you think of any reason (medical/physical/psychological/other) why the adult/child may have difficulty following a 12 month programme?

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Medication (please give details of any medication below):

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Measurements		**Safe to exercise?**	**Considering Bariatric Surgery?**
Height:	Weight:	☐ Yes ☐ No	☐ Yes ☐ No
BMI (if known):	BMI centile (>98th centile): ☐ Yes ☐ No		

GP Details	**Referrer Details (if not GP)**
GP Name:	First name:
Address:	Surname:
	Job Title:
Postcode:	Signature:
Contact telephone number:	Work Address:
	Contact telephone number:

Please give any other information you consider relevant such as other professionals involved with the person being referred?

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PLEASE SEND COMPLETED FORM TO:
Healthy Lifestyles Doncaster, Dietetics Department, Doncaster Royal Infirmary, Armthorpe Road, Doncaster, DN2 5LT
Tel: 0800 917 62 64 or 01302 647045 Fax: 01302 381300

Office use only:

Date referral received: ..... Date of first contact attempted: ..... Date of first contact made (if different): .....

Date of first appointment offered to client: ..... Declined: ☐ Date of first appointment: .....

WPR42040
Jan 2015
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