Blackburn with Darwen Borough Council – Wellbeing Service

re:fresh
your health and wellbeing

PATIENT'S COPY - WHITE
WBS COPY - YELLOW
G.P. COPY - BLUE

Section A - this section must be completed

Patient Name:

Address:

Postcode: Date of Birth:

Telephone:

Email:

NHS Number:

Male ☐ Female ☐

Employed/Self Employed ☐

Unemployed ☐

Retired ☐

Student ☐

Has this referral been discussed with the patient, have they agreed for the referral to be made and their information recorded?

Yes ☐ No ☐

Section B – this must be completed if your patient requires exercise referral, falls prevention or weight management services

Exercise Referral ☐ Weight Management ☐ Falls Prevention ☐

Has this patient been referred to these services before?
Only re-refer if there has been a change in condition or a new condition diagnosed. Yes ☐ No ☐

In your opinion is this patient medically fit to undertake a suitable exercise or weight management programme. Yes ☐ No ☐

Main reason for referral:

BP Pulse (irreg / reg) Height Weight Bloods

Any other relevant medical conditions/information which may affect risk of/ability to exercise; please give as much information as possible:

Current medications

Section C – you need only complete this section if your patient requires signposting or support to access services and/or behaviour change

Main reason for referral:

Health Trainer service options:

Healthy Eating ☐ Reducing Alcohol ☐ Volunteering Opps ☐

Physical Activity ☐ Worklessness Initiatives ☐ Benefit/Debt Advice ☐

Stopping Smoking ☐ Housing Issues ☐ Low Level Anxiety/Stress ☐

Other, please state:

Section D - this must be completed

Practice Details/Stamp

Referred by:

GP ☐ Nurse ☐ Clinician ☐ Practice Nurse ☐ HCA ☐ Other ☐

Signature:

Date: