

GP Referral Form

STOP SMOKING & ADULT WEIGHT MANAGEMENT

ONEYOU SURREY

Referrer Details

I am referring my patient for (please tick one or both options): **Stop Smoking** **Adult Weight Management**

I have consent to refer on behalf of the person detailed below*:

Does the client consent to being contacted by*: Telephone Letter Email

GP Surgery Name & Address:

Full name of Referrer:

Job Title:

Telephone:

Would you like feedback on the outcome of this referral? If yes, Does the client give consent to share information with the GP:

Yes No

Email:

Client Details

Title:

DOB:

Please note: Stop Smoking (12+). Adult Weight Management (16+)

Forename:

Surname:

Address:

Contact Number:

Postcode:

Can we leave a voicemail? Yes No

Can we send a text? Yes No

Email:

Is the client Pregnant? Yes No

If referring for Adult Weight Management BMI eligibility criteria is ≥ 30 or ≥ 27.5 for BAME groups

Client BMI:

Does the client have an Eating disorder? Yes No

If referring for smoking cessation, number of cigarettes smoked per day:

Are there any risks that we should be aware of? Yes No

If yes, please provide details (e.g., mental health, suicide/self-harm):

Please return this form to tt1.oneyousurrey@nhs.net or post to One You Surrey, Ntrust Systems, 26 Holmethorpe Avenue, Redhill, RH1 2NL. If you have any queries you can call us on 01737 652168.

Client Statement - Please note that in order to provide you with the best treatment we will collect your data for inclusion onto our programmes, Your data will be held in a secure and compliant manner for the duration of the programmes and then for an additional period as per the NHS Records Management Code of Practice for Health and Social Care. We will not share your data with any third party without your consent. For further information please visit our privacy policy on www.oneyousurrey.org.uk