**Lifestyle Service Referral Form**

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| --- | --- |
| Date of Referral: | GP Practice/Surgery: |
| **Client Details** | |
| Name: | |
| DOB: | Gender: |
| Address: | |
| Post Code: | Telephone No: |
| Email: | Mobile: |
| NHS No: | Ethnicity: |
| Any additional Needs (*Mental Ill Health, Disability etc*): | |
| **Alternative First Point of Contact** | |
| Name: | Relationship to Client: |
| Telephone/Email: | |
| **Reason for Referral and Additional Information** | |
| Eg: Weight loss, smoking cessation, reducing alcohol use, becoming more physically active, Improve wellbeing: | |
| Please outline any long-term medical condition or disability: | |
| Is there anything else that we should know before booking a one to one appointment with this person? | |
| **Referrers Details** | |
| Name of Referrer: | Job Role: |
| Organisation: | Department: |
| Contact Number: | Email: |

PLEASE BE AWARE THAT WE MAY NOT BE ABLE TO PROCEED WITH THE REFERRAL IF YOU DO NOT HAVE AUTHORITY TO PROVIDE THE RELEVANT INFORMATION

**Data Protection & Consent**

**What information do you hold about me?**

In order for us to provide you with a service we need to record some of your personal information. This can include: your name, address, telephone numbers, date of birth, email address, ethnicity, or any vulnerabilities

**What we do with your information and who we share it with:**

* This information remains confidential and will only be shared with those directly involved in your support.
* We may also use general statistical information about you that has been anonymised in order to report back to the funders of the service and for internal monitoring purposes.
* We will not disclose your information to any other third parties without your permission unless there is a legal requirement to share the information, or there is a safeguarding concern for which we are required by law to share information with the relevant Local Authority (this can be without your consent), however, we will always endeavour to inform you beforehand.

**How long we hold your information and how you can access it:**

* Your information will be held securely for 7 years as required by contract, after which, it will be safely destroyed.
* During this time you have the right to request a copy, of any personal information we hold about you. Should you wish to do this please ask our administration team for further information.

**Feedback:**

To ensure that you were happy with the service you received and to help improve our services we will contact you at the end of your support and ask you to complete a short survey, how would you like to be contacted? Please select:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | In Writing |  | By Telephone |  | By Text |
|  | By Email |  | I do not wish to be contacted for feedback | | |

Onside ensures that they will comply with all legislation relating to the collection and retention of data including but not limited to the Data Protection Act 1998

Our guiding principle is that we are holding your records in strictest confidence.

You may withdraw your consent at any time, for further information please contact our administration department.

**Consent Section**

Yes I consent to Onside storing and using the personal information I have provided as detailed above

**Signature: Date:**

If you are completing this form for a 3rd party or providing anyone else’s personal information please ensure you have their authority to share their information.

|  |  |
| --- | --- |
|  | Yes I have permission to give Onside the information I have provided |
|  | No, please give reasons why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Signature: Date:**