

Fitter Futures Referral Form

Patient details		Date of referral:	
Name:		Disability:	
Gender:		Date of Birth:	
Address:		Ethnicity:	
Postcode:			
Telephone Number:		Email:	
Referrer's details: complete or use stamp			
Name:		Profession:	
*GP Practice: (please give M code)	Organisation/Hospital:	Department:	
Other:			
Telephone Number:		Email:	
*Patient's registered GP Surgery must be included within all referrals			
Service Information – please select ONE service			
Preferred service provider		Physical Activity on Referral - Preferred leisure centre (if known):	
		Slimming World - Adult Weight Management: Group programme: weekly support session where no foods are banned, so meals offer balance and variety, and are family friendly. Achieved through the use of a Food Optimising Plan.	
		WW (new Weight Watchers) – Adult Weight Management: Group programme: weekly support centred on a holistic programme for weight loss and wellness, guiding you to a healthy eating pattern.	
		Everyone Health – Adult Weight Management: Group programme: 90 minute weekly support including fun and interactive practical nutrition activities alongside group physical activity sessions.	
		Nuneaton & Bedworth Leisure Trust – Adult Weight Management: home-based nutrition and physical activity support for overweight individuals with any of the following conditions; mental health conditions, has reduced mobility and/or is living in isolation. Face to face support will be offered at weeks 1, 6 and 12.	
Reason for Referral			
Clinical diagnosis / current medical conditions relevant to referral			
BMI			
Medication			

All Patients to complete: (If the patient is under 16, please get a parent/guardian to complete this section)

I would like to access services available through Fitter Futures Warwickshire. I understand that some of the services are free but others are chargeable at a reduced price. The options and costs will be discussed at the first meeting. I agree that my details can be used as part of monitoring and evaluation process of Fitter Futures Warwickshire.

Name:.....

If patient is under 16 years: **Relationship to patient:**.....

Please sign to agree:..... **Date:**.....

Telephone number:.....

E mail address:.....

Return form to: Fitter Futures Team, Customer Service Centre, Shire Hall, Market Place, Warwick, CV34 4RL

*Please **do not** email referral forms to us*

Referrals can be made online via: warwickshire.gov.uk/businessportal

Email: fitterfutures@warwickshire.gov.uk

Telephone: 01926 351 077

For more information about Fitter Futures Warwickshire Privacy Notice: www.warwickshire.gov.uk/privacy

