File within 3rd spine

Royal Cornwall Hospitals NHS
NHS Trust

Lifestyle, Eating & Activity for Families (LEAF)

Please send to: The Children's Weight Management Team
Child Health, Pendragon House.
Gloweth, Truro, TR1 3XQ

Email: leaf.programme@nhs.net

Tel: 01872 253886

Date of referral: 3 Jan 2020

Name, Profession and contact details of referrer: _____

_____

Client details

Surname: _____ Forename(s): _____

Date of birth: 2 Mar 2020 Sex: M / F NHS No.: _____

Address: _____

_____

Telephone number: _____ E-mail: _____ Mobile: _____

Parent / Carers details: _____ GP: _____

Parental responsibility: _____

First language : _____ Interpreter required: Y / N

Social worker: Y / N Name and contact details: _____

Other professionals / agencies involved: _____

Risk / health and safety issues: _____

Ready to change: Y / N

Growth history

Weight: _____	Kg	on 3	/ May 2020	Weight: _____	Kg	on 3	May 2020
Height: _____	cm	on 3	May 2020	Height: _____	cm	on 3	/ May 2020
BMI: _____	Kg/m^2	on 3	May 2020	BMI: _____	Kg/m^2	on 3	/ May / 2020

Summary of intervention already trialled

_____

_____

_____

_____

Print	Sign	Date
		3 May 2020

affix patient label

Family history

Medical history (e.g diagnosis / cause for concern:

Other comments

Print	Sign	Date
		3 May 2020

Outcome - For offical use only

Date referral received: 3 / May 2020

Outcome:

Print	Sign	Date
		3 May 2020