

Cornwall Healthy Weight Referral Form

Referring Professional's Details

Name & Job Title		Work address
Contact Number		Email

I would like to refer the following patient for healthy weight advice to Cornwall Healthy Weight:

Please tick relevant programme

- | | |
|---|--|
| <input type="checkbox"/> Healthy Weight for Adults | <input type="checkbox"/> Physical Activity Advice (Over 18's only) |
| <input type="checkbox"/> Healthy Weight for 13-17 years | <input type="checkbox"/> Swimming for Health (Over 18's only) |
| <input type="checkbox"/> Healthy Weight for 7-13 years | <input type="checkbox"/> Walking for Health |
| <input type="checkbox"/> Healthy Weight for 4-7 years | |

Patient Details

Patient Name		Parent / Guardian Name (if applicable)
Address		
Contact Number		Email
Patient NHS No:		D.O.B

Reason for referral – please include all medical conditions / complications

* Please note we are unable to work with clients with unstable conditions – refer to brochure for inclusion / exclusion criteria

Any additional information – e.g. learning / physical disabilities, visual impairment, hearing, access

Signed: _____

Date: _____

Please return this form, by post or email, to:

CORNWALL HEALTHY WEIGHT, Healthy Cornwall, The Basset Centre, Basset Road, Camborne, TR14 8SL
OR Email: healthy.weight@cornwall.gov.uk
(Please note for posting we are on both the NHS and Cornwall Council courier routes)

Your biggest supporter



Give us a call via the Health Promotion Service on **01209 615600**

Or, join us online today - cornwallhealthyweight.org.uk

