

# Referral form to Health Trainers programme - NW Locality

## Your details

Form to be filled out in BLOCK CAPITALS

Name

Address

Postcode

D.O.B

Gender

Ethnicity

Tel/Mobile No

### Additional notes

Does this patient have a Mental Health issue / diagnosis?    Yes                  No

If Yes, please complete additional information (Mental Health) on page 2

Preferred language

### Reason for referral to Health Trainers

Stop Smoking	Yes	No	Healthy Eating	Yes	No
Physical Activity	Yes	No	One to One Motivational Support	Yes	No

## Referrers details

Name/Service of referrer

Address of referrer

Tel No

Email

Date of referral

## Client consent

Signature

Date

I consent for my details to be shared and my local Health Trainers to contact me.

Send to: Health Trainers, Osmani Trust, Osmani Centre, 58 Underwood Road, London E1 5AW Tel 020 7247 8080, Fax 020 7247 6453, email shamimuz.zaman@osmanitrust.org



### For Health Trainer use only

Seen by

Date

Responded back to referrer on

## Additional information - Mental Health

Presenting issues/Diagnosis:

Current Medication:

Next of Kin Name:

Relationship:

Address:

Tel:

Key Worker:

Tel:

CMHT:

### Vulnerability and Risk

Please complete below or send a letter explaining vulnerability /risk issues.

For vulnerability / risk assessment purposes, is there any information that you need to share with us, regarding any personal mental health issues?

Are there any issues you need to share with us regarding physical health?

Mental Health-Health Trainers are trained to work with clients experiencing Mental Health issues and support them to adopt healthy lifestyles.

Information on any history of vulnerability, violence or aggression, or information on crisis is used solely for the purpose of working effectively with clients and ensuring that we are aware of any risks both to the client and ourselves.

To submit this form via email, please [click here](#):