

Client ID:



ONE YOU Lincolnshire – REFERRAL FORM

Supporting residents, workers or those registered at GP practices in Lincolnshire to stop smoking and those with long term conditions, carer's and County Council workers to Lose Weight, Eat Well, Move More, Drink Less and Be Smokefree

Patient Information

Title:

Name:

Address:

No fixed abode

Postcode:

NHS Number:

E-mail:

DOB:

Tel:

Gender:

Pregnant? No Yes

Ethnicity:

Socio – Economic Status:

Sexual Orientation:

GP Surgery:

Eligibility Tier 1 – must meet both criteria below			
Age over 18 (Smoking cessation 12+)		Lincolnshire resident	
Eligibility Tier 2 – must meet 1 qualifying criteria from this list			
Long Term Condition		Working for Lincolnshire County Council	
Awaiting Surgery under the NHS Optimisation Policy		Deemed at risk following an NHS Health Check (Q-Risk Score of 10% or greater)	
Registered Carer		Smoker (smoking cessation only)	
Support Required			
Be Smokefree (Current smoker)		Lose Weight & Eat Well (BMI 30+)	

Drink Less (Consuming 14+ units weekly)		Move More (less than 150 active minutes per week)	
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We are committed to the General Data Protection Regulation (GDPR). When you provide us with your information we hold it on the legal grounds of consent. We will collect your data for inclusion onto our programmes. Your data will be held in a secure and compliant manner for the duration of the programmes and then for an additional seven years.

We will not share your personal data with any third-party without your consent. For processing we will anonymise your data to allow us to assess the effectiveness of our programmes.

You have the right to remove consent, access, change and erase your data, if not in conflict with our programme terms and conditions. If you have any concerns you may contact us at hello@thrivetribe.org.uk. If you are not happy with our response then you have the right to contact the governing body at ico.org.uk

- I consent to being contacted by telephone
- I consent to being contacted by email
- I consent to being contacted by letter
- I consent to being contacted by SMS

Please sign to be referred:

Signature: Date:

Please add full name if form is being sent electronically.

Referrer Information (Health Professionals Only)

I have consent to refer on behalf of the person detailed overleaf

I am confident the patient can take part in physical activity

Name:

Organisation / GP Surgery:

Address:

Email:

Contact No:

Signed..... Print name..... Date.....

Please add full name if form is being sent electronically.

Please complete the form in full electronically and return by e-mail to tt1.oneyou.lincolnshire@nhs.net Please call us on 01522 705162 if you have any queries.