Self-Referral to Foodwise for Life

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| **Title** | Mr/Mrs /Miss/ Ms/ Other (please state) | | | | | | | | **Name** | |  | | | | |
| **Address** |  | | | | | | | | **DOB** | |  | | | | |
| **NHS No (if known)** | |  | | | | |
| **GP Name &**  **Address** | |  | | | | |
| **Postcode** |  | | | | | | | |
| **Preferred Language** | | |  | | | | | |
| **Daytime Phone No** | | |  | | | | | | **GP Tel No** | |  | | | | |
| **Mobile Phone No** | | |  | | | | | | Male | Female | | Other: | | | |
| **Email address** | | |  | | | | | | **Would you be happy for us to contact you via:** | | **Email** | | Yes | | No |
| **Do you work for Powys Teaching Health Board?** | | | | | | Yes  No | | | **Voicemail** | | Yes | | No |
| **Are you happy to join a virtual group using Microsoft Teams?** | | | | | | | | Yes  No  **If answered no & would like advice from the dietetics service, please ask your GP or other Healthcare Professional to refer you to our service.** | | | | | | | |
| **Where did you hear about Foodwise for Life?** | | | | | | | | GP  Practice Nurse  Other Healthcare Professional  Facebook  Poster  Word of Mouth  Other – Please specify: | | | | | | | |
| **What is your motivation for attending Foodwise for Life?** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Current Weight** | | **Weight History** | | | | | | | | | **Height** | | | **BMI (if known)** | |
|  | |  | | | | | | | | |  | | |  | |
| **Have you used any weight loss services in the past?** | | | | | | | | | | | | | | | |
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| **Do you have any medical conditions we should know about?** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Date:** | | | |  | | | | | | | | | | | |
| **PLEASE SEND COMPLETED REFERRALS TO:** [**Contact.centre@wales.nhs.uk**](mailto:Contact.centre@wales.nhs.uk) **(MARKED FAO FOODWISE)**  **POST: Foodwise Referrals, Contact Centre, Montgomery County Infirmary, Llanfair Road, Newtown, SY16 2DW**  **FAX: 01686 617238** | | | | | | | | | | | | | | | |
| **DIETETIC ADMIN USE ONLY** | | | | | | | | | | | | | | | |
| **Date & Signature received** | | | | |  | | **Entered on WPAS** | | | |  | | | | |
|  | | | | | | | **Entered on WCCIS** | | | |  | | | | |