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?**  |
|  |
| **Do you have any medical conditions we should know about?**  |
|  |
| **Date:**  |  |
|  **PLEASE SEND COMPLETED REFERRALS TO:** **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** |  |