**Lifestyle Service Self Referral Form**

**SEND COMPLETED REFERRAL TO:** worcscab.socialprescribing@nhs.net

|  |  |
| --- | --- |
| Date of Referral:  | GP Practice/Surgery:  |
| **Your Details** |
| Your name: |
| DOB:  | Gender:  |
| Address: |
| Post Code:  | Telephone No:       |
| Email:  | Mobile:  |
| NHS No:  | Ethnicity: |
| Any additional Needs (*Mental Ill Health, Disability etc*): |
|  |
| **Reason for Referral and Additional Information : Please tick the area of support you are interested in:** |
| **Weight loss ☐ Smoking cessation ☐ Reducing alcohol use ☐****Becoming more physically active ☐ Improve wellbeing ☐****☐** |
| Please outline any long-term medical condition or disability: |
| Is there anything else that we should know ? |

**Signature: Date:**

**Postal address:**  Malvern Citizens Advice 52 Prospect Close Malvern WR14 2FD

**Data Protection and Consent**

When we record and use your personal information we:

● only access it when we have a good reason

● only share what is necessary and relevant

● don’t sell it to commercial organisations

We need to record information about you to help with your enquiry. We have a legitimate interest to do this. Please let us know if you’d like more information about how we’ll use your data.

I agree to receive help and support from the Lifestyle Advice service. This may involve the project

worker sharing data such as my name, contact details and other relevant information with other

organisations that could offer me support

**☐ Yes ☐ No**

I give permission for my information to be shared with relevant health professionals that could offer me support. This may be through GP led multi-disciplinary team meetings, telephone or secure email systems

**☐ Yes ☐ No**

I give permission for my anonymised information to be shared for research and evaluation purposes

**☐ Yes ☐ No**

Feedback permission

We want to make sure the service you receive meets your needs. To help us to improve our service, Citizens Advice may want to contact you at a later date to ask for your feedback.

Sometimes we need a trusted research organisation to help us conduct research. We need your

permission to share your contact details in this way. We may also share some anonymous statistical data about your visit to make sure we are hearing from different groups. We only share what is absolutely necessary.

I give permission for my anonymised information to be shared for feedback purposes

**☐ Yes ☐ No**

I give permission for Citizens Advice to collect and store my personal information as stated above.

**☐ Yes ☐ No**

**Your signature ………………………………………………………………….Date**