

HEALTHY LIFESTYLE REFERRAL FORM

Maidstone Borough Council offers a range of preventative health programmes with a focus on obtaining a healthy weight. If you would like to refer a patient/client or if you wish to self refer on to one of these schemes, please complete this form.

WEIGHT MANAGEMENT PROGRAMMES



Go For It: FREE family and children's weight management, healthy lifestyle programme 5 – 17 years
Weight For Life: Adult weight management, healthy lifestyle programme. Sessions are just £1 per visit
10 week holistic lifestyle programme. This programme includes a low cost exercise regime.

Jill Maynard, Clinical Exercise Physiologist, at Zeroth on 01622 749564
Zeroth Active Zone, Boughton Lane, Maidstone, Kent. ME15 9QL

Adult Weight Management Programme: Maidstone Leisure Centre
Gym, swimming and class sessions are £1 per visit, weekly diet and nutrition seminars (plus a weigh-in) are FREE
Low cost 12 week programme. This programme includes a low cost exercise regime.

Sam Kleinschmidt, Weight Management Co-ordinator 08451 552277
Maidstone Leisure Centre, Mote Park, Maidstone, Kent ME15 7RN

Weight For It: Outreach Programme delivered across the Maidstone borough
Free 10 week weight loss programme for adults, fun & friendly weekly weigh-in with diet
and nutritional advice

Community Development Team, Maidstone Borough Council 01622 602222
healthy.living@maidstone.gov.uk
Maidstone Borough Council, Maidstone House, King Street, Maidstone, Kent. ME15 6JQ



1 Referrer Details (please tick here if self referring and go to Section 2)

Name:	<input type="text"/>	Occupation of Referrer:	<input type="text"/>
Address:	<input type="text"/>	Telephone:	<input type="text"/>
	<input type="text"/>	Email:	<input type="text"/>
Postcode:	<input type="text"/>	Date:	<input type="text"/>

2 Patient/Client Details

Full Name:	<input type="text"/>	D.O.B.:	<input type="text"/>	M/F	<input type="text"/>
Address:	<input type="text"/>	Telephone:	<input type="text"/>		
	<input type="text"/>	Mobile:	<input type="text"/>		
Postcode:	<input type="text"/>	Email:	<input type="text"/>		
		Preferred contact method:			
		Phone	<input type="checkbox"/>	E-mail	<input type="checkbox"/>
		Letter	<input type="checkbox"/>	Text message	<input type="checkbox"/>

3 Patient BMI (28 or more is needed to qualify for referral)

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4 Please check all of the following conditions that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Heart attack/coronary heart disease |
| <input type="checkbox"/> Emphysema | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Angina | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Other | Please specify _____ | |
| <input type="checkbox"/> Diabetes | Please specify type _____ | |
| <input type="checkbox"/> Cancer | If yes, what kind? _____ | |
| <input type="checkbox"/> Arthritis / Joint Pain | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Bone fracture |
| <input type="checkbox"/> Thyroid conditions | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Anaemia |
| <input type="checkbox"/> Post natal | Is there any chance you could be pregnant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Have you recently had surgery? Yes No If yes, what kind? _____

Do you take any kind of medication either prescription or non-prescription on a regular basis? Yes No
If yes, please give details.

Have you/ has the patient had a Health Check? Yes No

5 Programme to be referred to:

- Weight For It Go For It Weight For Life Adult Weight Management Programme

6 Reason for Referral



Patient/Client Consent

All information will be kept securely and remain confidential. The information which you have provided will be used by Maidstone Borough Council and NHS West Kent for evaluation purposes only.

I give my informed consent for my details to be used in this way Yes No

Signature: _____ Date: _____

Please send completed forms to

Freepost RRXT-HRHX-LKAS, Community Development Team, Maidstone Borough Council, Maidstone House, King Street, Maidstone, ME15 6JQ