

## SOUTH EAST SHEFFIELD HEALTH TRAINER SERVICE REFERRAL FORM

PATIENT INFORMATION	REFERRER INFORMATION
NAME	NAME
ADDRESS:	ADDRESS
D.O.B	TELEPHONE NUMBER
GENDER    ETHNICITY	MOBILE TELEPHONE NUMBER
HOME/MOBILE TELEPHONE NUMBER	POSITION HELD
IS THE CLIENT DISABLED? WHAT TYPE OF DISABILITY?	SERVICE/ORGANISATION
IS THE PATIENT SOCIALLY ISOLATED?	PATIENT CONSENT RECEIVED FOR REFERRAL TO SERVICE      YES <input type="checkbox"/> NO <input type="checkbox"/>

PATIENTS GP DETAILS	
NAME / ADDRESS / TELEPHONE NUMBER (LEAVE BLANK IF UNKNOWN). IF YOU HAVE IT	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b style="color: red;">IF CLIENT NOT REGISTERED WITH GP PLEASE TICK BOX.</b> </div> <input style="float: right; margin-left: 10px;" type="checkbox"/>

PATIENTS CURRENT HEALTH CONDITION(S)/ISSUE(S) OR SUPPORT WANTING TO ADDRESS	SPECIFIC REASON FOR REFERRAL/SUPPORT REQUIRED (please tick more than one).
	<input type="checkbox"/> LONG TERM CONDITION – SELF-MANAGEMENT SUPPORT (Diabetes, Persistent Pain, COPD, Cancer etc). <input type="checkbox"/> DIET <input type="checkbox"/> PHYSICAL ACTIVITY <input type="checkbox"/> WEIGHT MANAGEMENT. <input type="checkbox"/> LIFESTYLE CHANGE (diet, physical activity, weight management, <input type="checkbox"/> WELLBEING (includes mental health (anxiety/depression)). <input type="checkbox"/> OTHER PLEASE SPECIFY.....

SERVICE REQUIRED
DOES THE CLIENT SPEAK ENGLISH    YES <input type="checkbox"/> if NO (please specify language spoken).....

OTHER INFORMATION

## **Referral notes**

Health Trainers can support people on a one to one basis around changing or leading a healthy lifestyle. We also support people with long term conditions, supporting patients to self-manage their condition(s). The service is free & confidential.

We support with the following

- Mental health (anxiety, low mood, depression).
- Weight management (weight loss)
- Stop smoking (referral to stop smoking service)
- Alcohol reduction (help reduce alcohol intake, we DO NOT support with alcohol dependency, this is more for the specialised service, which HT can refer into.
- Advice & information (around diet, increasing activity etc).
- Signposting/referring to other service (housing, debts, training, employment)
- Healthy eating
- Support people who are socially isolated or lonely.
- Support in confidence building and motivating clients.

We work with people for 6/7 weeks giving people up to 1 hour per appointment. We will also support with setting health goals with patients. After the 6/7 weeks, we will follow up with clients on a 1, 3, 6, 9 & 12 month period to see if the client has maintained their new behaviour change.

- HT's have undertaken various training courses to support on the above points. Most HT's have undertaken the OCN or City & Guilds level 3 qualification. We are in the process of developing (with royal Society of Public Health) a Royal Society Public Health Level 3 qualification.

**Please can you make sure that the patients/clients knows that you plan to make a referral to the Health Trainer Service.**

Referral can be emailed to [lucy@mywoodhouse.co.uk](mailto:lucy@mywoodhouse.co.uk) (secured email) or posted to the address below.

Please mark as **Confidential** on the envelope.

**Lucy Beal**  
**Health Trainer for South East Sheffield**

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