

# Enhanced Healthy Living Referral Form:

Families, Food & Feelings Parenting Group

<b>Service</b>		Camden <input type="checkbox"/>	Islington <input type="checkbox"/>
Date of Referral	DD/MM/YYYY	Date Received	DD/MM/YYYY
Email to: <a href="mailto:brandoncentre.healthyliving@nhs.net">brandoncentre.healthyliving@nhs.net</a>		Telephone: 020 7267 4792	
Address: 26 Prince of Wales Road, Kentish Town; London NW5 3LG			

**Please note: Parent must agree to this referral**

Child's / Young Person's Details			
First Name		Surname	
Date of Birth	DD/MM/YYYY	Age	
NHS number		Religion	
Which gender do they identify with?		Ethnicity	
Weight at Referral		Height at Referral	
Address			
How many siblings does the child/young person have?			
School/College			
GP			
Consent to contact GP/discuss with the multidisciplinary team?			
Other services?			
Consent to contact other services?			

## Parent's / Carer's Details

First Name		Surname	
Relationship to the child			
Ethnicity			
Religion			
Telephone number			
Email			
Address			
GP			
Consent to contact GP/discuss with the multidisciplinary team?			
Other services?			
Consent to contact other services?			

## If not a self-referral, please complete

<b>REFERRED BY</b>	First Name		Surname	
	Organisation		Age*	
	Address		Ethnicity	
	Telephone		Email	

## Other information

Main presenting difficulties		
How might this group be helpful?		
Complexity factors	<input type="checkbox"/> Looked after child <input type="checkbox"/> Child protection plan <input type="checkbox"/> Child in need plan <input type="checkbox"/> Young carer <input type="checkbox"/> Learning disability <input type="checkbox"/> Mental health difficulty <input type="checkbox"/> Parental mental health difficulty <input type="checkbox"/> Significant physical healthy difficulty (other than in relation to weight) <input type="checkbox"/> Parental physical health difficulty <input type="checkbox"/> Neurodevelopmental disorder (ASD, ADHD) <input type="checkbox"/> Refugee or asylum seeker <input type="checkbox"/> Experience of war or torture <input type="checkbox"/> Exposure to domestic violence <input type="checkbox"/> Contact with the justice system <input type="checkbox"/> Financial difficulty <input type="checkbox"/> Experience of abuse or neglect	
Access or additional needs (including interpreter)		
Preference for morning or evening group	<input type="checkbox"/> Morning group	<input type="checkbox"/> Evening group
Does anyone else have caring responsibilities for your child (e.g., other parent, grandparents, family members, etc.)		