Enhanced Healthy Living Referral Form:

Families, Food & Feelings Parenting Group

Service		Camden ☐	Islington ☐
Date of Referral	DD / MM / YYYY	Date Received	DD / MM / YYYY
Email to: **brandoncentre.healthyliving@nhs.net**		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			
School/College			
GP			
Consent to contact GP/discuss with the multidisplinary 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 multidisplinary team?			
Other services?			
Consent to contact other services?			

If not a self-referral, please complete				
REFERRED BY	First Name		Surname	
	Organisation		Age*	
	Address		Ethnicity	
	Telephone		Email	

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

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