# Brandon Centre Enhanced Healthy Living Referral Form:

**Families, Food & Feelings Parenting Group**

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| **SERVICE** |  | Camden |  | Islington |
| **Date of Referral** |  | **Date Received** |  |

***Email to*: brandoncentre.healthyliving@nhs.net** ***Tel*: 020 7267 4792**

***Address*: 26 Prince of Wales Road**

 **Kentish Town**

 **London NW5 3LG**

**PLEASE NOTE: PARENT MUST AGREE TO THIS REFERRAL**

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| **Child’s / YOUNG PERSON’S Details** |
| **First Name**  |  | **Surname**  |  |
| **Date of Birth** |  | **Age**  |  |
| **NHS number** |  | **Religion** |  |
| **Which Gender do they identify with?** |  | **Ethnicity** |  |
| **Weight at Referral** |  | **Height at Referral** |  |
| **Address** |  |
| **School/College** |  |
| **Siblings**  |  |
| **GP** |  |
| **Consent to contact GP/discuss with the multidisplinary team?** |  |
| **Other services?** |  |
| **Consent to contact other services?** |  |

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| **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?** |  |

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| **If not a self-referral, please complete** |

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| **REFERRED BY** | **First Name** |  | **Surname** |  |
| **Organisation**  |  | **Your role or involvement with the family** |  |
| **Address** |  |
| **Telephone** |  | **Email** |  |

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| **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.)** |  |