# Brandon Centre Enhanced Healthy Living Referral Form:

**Families, Food & Feelings Parenting Group**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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?** | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REFERRED BY** | **First Name** |  | **Surname** |  |
| **Organisation** |  | **Your role or involvement with the family** |  |
| **Address** |  |
| **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.)** |  |