Complete a Lifestyle Hub Referral today to book in for your first appointment with a Lifestyle Advisor. You can talk about the options that are available to you locally.



Please complete this form as fully as possible, omitting information may result in your referral not being processed. Please email this form to **bhn-tr.bedfordlifestyle-hub@nhs.net** or post to Lifestyle Hub, c/o Nutrition & Dietetics Beeden House, Bedford Hospital, Bedford, MK42 9DJ

	Which organisation do you work for?		
Name	Date of Birth:		
Address including postcode	Gender:		
	Registered GP:		
Preferred contact number: Email address:	Registered GP Practice:	Bedford Borough Only	

## Let's talk about this

Lifestyle Hub offers up to four 30 minute 1:1 appointments. You can use this opportunity to explore your options and discover what is going on in Bedford to best suit your needs. If you need support beyond healthy eating, exericse and general lifestyle changes then we can signpost you to the most appropriate service.



Health & Lifestyle Questionnaire		Please tick ✓ (optional)		
Health & Lifestyle Questionnaire	Yes	Sometimes	No	
I have been diagnosed with Type 2 Diabetes by my GP				
I take TABLETS / INSULIN (please circle) medication for Type 2 Diabetes				
I have been diagnosed with high blood pressure by my GP				
I have been diagnosed with high cholesterol by my GP				
I take medication for high blood pressure and/or cholesterol				
I have been diagnosed with mild/moderate depression/anxiety by my GP				
I have been diagnosed with arthritis by my GP				
I have previously suffered a Stroke				
I have a heart related medical condition (including angina) / previously				
suffered cardiac arrest or infarction (and completed Cardiac Rehab)				
I do 30 minutes of activity/ exercise a day, including walking				
Being healthy is important to me				
I eat 5 (or more) portions of fruit & vegetables a day				
I consciously try to limit the amount of sugar & salt in my diet				
I make time to ensure I get 8 hours' sleep a night				
I make time to see my Dentist / GP if I feel something is wrong				
I feel I have a good support network of friends / family				
I use tobacco products				
I consume alcoholic drinks				

PRIVATE & CONFIDENTIAL	LIFESTYLE HUB [SELF] REFERRAL FORM.2019
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Enter Weight (if known): E	Enter Height (if known):	Office use only: BMI	
Which ethnicity do you identify with:			
stored in accordance with the data protection /Nurse. I confirm that any information given i	nation to be passed onto the scheme personne n act. I am happy for my progress with the Life is correct and that I do not meet any of the exc nto the Scheme during my initial Gym Inductior	style Hub to be shared with my GP clusion criteria. I understand that if	
Client signature:	(only if completing by	(only if completing by paper)	
Date:			
If you have any of the following contract Type 1 Diabetes Severe anxiety / depession (HAD Score >15 /	onditions, you will need to be referr PHQ9 Score >14)	ed in by your GP, sorry!	
Thoracic pain	Fever	Saddle anaesthesia	
1			
(Unexplained) weight loss	Ill health or presence of other medical illn	less	
	III health or presence of other medical illn Progressive neurological deficit	less	
(Unexplained) weight loss		less	

I am happy to take time and meet the Lifestyle Advisor to see how their suggestions might improve my lifestyle

I am happy to receive and (anonymously) complete a short email survey after this appointment to answer questions about my appointment

Yes No

If yes: please confirm your email address:

We do not share your email address with third parties. However, some services in the Trust provide the option to communicate with patients via email. Please be aware that the Trust cannot guarantee the security of this information whilst in transit, and by requesting this service, you are accepting this risk.