Professional Referral Form

Healthy You

To be completed by the referring Health professional. All patient data is stored securely in accordance with Data Protection guidelines.

Patients Information

Title: Mr - Mrs - Ms - Other:	Date of Birth:
Gender:	Age (if under 18):
First Name:	Last Name:
Address:	
City:	Postcode:
NHS Number:	
Telephone:	Mobile:
Email:	
Patient/Carer Name:	
GP Surgery/Address:	

Medical Conditions/Relevant Conditions:

- ☐ Anxiety/Depression
- ☐ Asthma
- ☐ Cardiovascular Disease
- ☐ Dementia
- ☐ Epilepsy
- ☐ Hypertension
- ☐ Learning Disability
- ☐ Osteoporosis
- ☐ Pre Bariatric Surgery
- ☐ Recent Fall
- ☐ Serious Mental Illness
- ☐ Sleep Apnoea
- ☐ Type 1 Diabetes
- ☐ Type 2 Diabetes
- ☐ Chronic Kidney Disease
- ☐ Active Cancer
- ☐ Severe Angina
- ☐ Post Bariatric Surgery
- ☐ Active Liver Disease
- ☐ Dyslipidaemia
- ☐ Heart Attack or Stroke in last 6 Months
- ☐ Pregnant or Currently Breastfeeding
- ☐ Severe Heart Failure
- ☐ Other:

Refer Name:	Refer Email:
Refer Job Title:	Referral Date:
Referring Organisation:	

Services Available

Behaviour Change Specialists (formerly Health Trainers)

Support with healthy eating, increasing physical activity and general health behaviour change, 16+ ☐

Community Level Interventions (formerly Healthier Lifestyle Support)

Support to become physically active - Community-based healthy eating ☐

Stop Smoking Service

The patient is a tobacco user ☐ The patient is a vape user ☐ CO reading: ☐

Alcohol Reduction Service

Non-dependent alcohol drinkers with an AUDIT score between 8-19 ☐

Falls Prevention Service

Aged 60+ who have balance issues or fear falling, can stand up independently and are willing to attend a community class ☐

NHS Health Checks

Aged 40 – 74, no previous CVD diagnosis, not had an NHS Health Check in previous 5 years ☐

Adult Weight Management Services - Place-Based (Formerly Tier 2) & Community-Intensive (Formerly Tier 3)

☐

For people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds, please use BMI reduced by 2.5 kg/m2 for all services.

Place-Based Adult Weight Management (Formerly Tier 2)

☐

Over 16 years of age

BMI > 25 or

Motivated to make changes over the next 3 months

No significant co-morbidities precluding involvement in the programme

12-week nutrition, behaviour change & exercise programme (face-to-face & virtual options available)

12 weeks of Slimming World vouchers

Community Intensive Weight Management Pathway (Formerly Tier 3)

For Cambridgeshire & Peterborough residents

☐

PLEASE NOTE: from 1st April 2026, new GLP-1 weight loss medication prescriptions will not be made by the Community Intensive Weight Management service. GPs can make prescriptions directly for any patients meeting the eligibility criteria.

Eligible patients

Aged 18 or over and

BMI 30 Kg/m2 if the patient has complex needs and has not responded to previous tier interventions, or

BMI 35 Kg/m2 with co-morbidities (e.g. type 2 diabetes), or

BMI 40 Kg/m2 and lives in Cambridgeshire, or registered with a GP in Cambridgeshire

Please complete the measurements below: For community intensive weight management services (Tier 3). Please provide latest test results as applicable for your patient's health conditions.

Height:	Date:	HDL:	Date:
Weight:	Date:	LDL:	Date:
BMI:	Date:	Total Cholesterol:	Date:
Blood Pressure:	Date:	Triglycerides:	Date:
HbA1c:	Date:	Renal Function:	Date:
Liver Function:	Date:	Thyroid Function:	Date:

Other Considerations/Co-Pathologies:
Major Problems: Minor Problems:

Relevant Medication:
Repeat Medication: Allergies:

Consent:
I confirm that the patient has agreed to share his/her data with Healthy You

Referrer's Name:

Referrer's Signature:

Please send completed referral form via post or email as below	
Address: Suite 3, James Hall Parsons Green St. Ives Cambridgeshire PE27 4AA	Email: morelife.healthyyou@nhs.net Phone: 01223 386 200