

Section A: Patient information *	
<b>Full Name:</b>	<b>Date of birth:</b>
<b>Address:</b>	
<b>Postcode:</b>	<b>Phone No:</b>
<b>Gender:</b>	<b>Disability:</b>
<b>Ethnicity:</b> <input type="checkbox"/> Asian Bangladeshi <input type="checkbox"/> Black African <input type="checkbox"/> White British <input type="checkbox"/> Mixed Asian & Black <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black Caribbean <input type="checkbox"/> White Irish <input type="checkbox"/> Mixed Asian & White <input type="checkbox"/> Asian Pakistani <input type="checkbox"/> Black other <input type="checkbox"/> White Polish <input type="checkbox"/> Mixed Black & White <input type="checkbox"/> Asian Chinese <input type="checkbox"/> White other <input type="checkbox"/> Any other ethnicity (Please state): _____ <input type="checkbox"/> Asian other	
Section B: Details of referrer	
<b>Referring organisation type (please tick): *</b> <input type="checkbox"/> GP <input type="checkbox"/> Other health provider <input type="checkbox"/> Self-referral	
<b>Declaration:</b> The details above are a true reflection of the patient's medical history and medication. I refer this patient to The Active Wellbeing Society's Holistic Interventions Programme under terms and conditions set out in the protocol. I will notify The Active Wellbeing Society of any changes to their medical condition.	
<b>Name of referrer:</b>  <b>Signature:</b>  <b>Date referred: *</b>	<b>GP Surgery and address: *</b>
Section C: Patient consent *	
I consent to this information being given to The Active Wellbeing Society for the purpose of developing a safe and effective wellbeing programme for me, and for them to share information about the outcome of the training programme back to my GP or clinician. I understand that the Active Wellbeing Society will use my details and contact me by phone or post to discuss this referral further. I understand that all personal information shall be treated as confidential and will only be shared with 3 <sup>rd</sup> parties for the purposes of the provision of appropriate services for this referral on the basis that they also treat the information as confidential.	
<b>Signature of patient:</b>	<b>Date:</b>
Section D: Referral reason *	
<input type="checkbox"/> Increase exercise or mobility <input type="checkbox"/> Frequently presenting at GP <input type="checkbox"/> Challenging social circumstances	<input type="checkbox"/> Weight management <input type="checkbox"/> Long term health condition <input type="checkbox"/> Isolation or loneliness
<input type="checkbox"/> Mild to moderate depression or anxiety <input type="checkbox"/> Healthy eating or nutrition <input type="checkbox"/> Training/employment	
<b>Further information about the patient's condition or circumstance:</b>	
<b>Data Protection</b>	
<b>How information about you will be used:</b> Information you provide is collected and stored securely by The Active Wellbeing Society Limited, a charitable community benefit society (No. 7595), working in partnership with Birmingham City Council. We and our partners will hold this information in confidence and comply with all our responsibilities under the General Data Protection Regulation and Data Protection Act 1998. For details about our Privacy Policy please visit <a href="http://www.theaws.co.uk/our-policies/privacy-policy/">www.theaws.co.uk/our-policies/privacy-policy/</a>	
<b>Please return to:</b> The Active Wellbeing Society <b>Email:</b> <a href="mailto:holistic.interventions@nhs.net">holistic.interventions@nhs.net</a> <b>Fax no:</b> 0121 238 0025	<b>By Post:</b> Holistic Interventions, Studio 309, Scott House The Custard Factory, Gibb Street, B9 4AA