

Lifestyle, Eating & Activity for Families (LEAF)

Please send to: The Children's Weight Management Team
Child Health, Dolphin House, Gloweth,
Truro, TR1 3XQ

Email: leaf.programme@nhs.net

Tel: 07917 198395

Date of referral: _____

Name, Profession and contact details of referrer: _____

Client details

Surname: _____ Forename(s): _____

Date of birth: / / Sex: M / F NHS No.: _____

Address: _____

Telephone number: _____ E-mail: _____ Mobile: _____

Parent / Carers details: _____ GP: _____

Parental responsibility: _____

First language : _____ Interpreter required: Y / N

Social worker: Y / N Name and contact details: _____

Other professionals / agencies involved: _____

Risk / health and safety issues: _____

Ready to change: Y / N Parental Consent: Y / N

Growth history

Weight: _____ Kg on / /	Weight: _____ Kg on / /
Height: _____ cm on / /	Height: _____ cm on / /
BMI: _____ Kg/m ² on / /	BMI: _____ Kg/m ² on / /

Summary of intervention already trialled

Print	Sign	Date
--------------	-------------	-------------

--	--	--

affix patient label

Family history

Medical history (e.g diagnosis / cause for concern:

Other comments

Print	Sign	Date

Outcome - For official use only

Date referral received: / /

Outcome:

Print	Sign	Date