**JUMPS4LIFE (Ages 4-16)**

**Tameside Family Weight Management Programme**

**Self-Referral Form**

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| **Referral Information** |
| Child’s Name: |
| NHS No : |
| Date of Birth: | Gender: |
| Parent/Guardian Name:  | Relationship to child: |
| Home Phone: | Mobile Phone: |
| Email : |
| Address (including postcode): |
| Child’s School : | Year at School : |
| Weight ( kg): | Height ( cm) : |
| Date Referral Received: |  |

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| **GP Information** |
| Name of doctor: | Practice Name: |
| Address (including postcode):Telephone Number: |

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| **Medical Information- please provide any relevant information which we need to aware of before your child or young person starts a course** |
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| **Other Information- please give any other information that you think is relevant, or any preferences you may have for a particular course location etc.** |
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| **Where did you hear about the courses? Please tick** |
| ¨ **GP /Practice Nurse**¨ **School Nurse**¨ **Dietitian**¨ **Active Tameside Worker** | ¨ **School**¨ **Leaflet/ poster ? where**¨ **Other, please specify**¨ **Family Intervention Worker** |

Please email this form via NHS email to childrensnutrition@tgh.nhs.uk or return the completed form to Children’s Nutrition Team, Hattersley Clinic, Hattersley Road East, Hattersley, Hyde, SK14 3EH. If you require further information please contact the Children’s Nutrition Team on 0161 366 2349/2351.

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| **What is your ethnic group? Please tick one option that best describes your ethnic group or background** |
| * British or mixed British
* Irish
* Other White background
* White and Black Caribbean
* White and Black African
* White and Asian
* Other Mixed background
* Indian or British Indian
* Pakistani or British Pakistani
* Bangladeshi or British Bangladeshi
* Other Asian background
* Caribbean
* African
* Other Black background
* Chinese
* Other
* Ethnic category not stated
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