

Dorset PCT Weight Management Service

Note: All patient data will be kept securely and in accordance with Caldicott guidelines. Information can only be passed to another healthcare professional if this contributes to the provision of effective care.

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|------------------------------------|--------------------|---------------------------|--|
| Referrer Details: | | | |
| Referrer (e.g. GP, Practice Nurse) | Drs Clayton/Furber | Location/Surgery/Pharmacy | Stalbridge Surgery, Station Rd, Stalbridge, Dorset |
| Name | | Contact Number or Email | |

| | | | | | |
|------------------------|--|----------------|--|--------------------------|--|
| Client Details: | | | | | |
| Surname | | First Name | | Mr/Miss/Ms/Other | |
| Address | | | | | |
| Postcode | | Contact Number | | | |
| | | Mobile Number | | | |
| Weight (kg) | | Height (m) | | BMI (kg/m ²) | |

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| <p>Referrer signature (indicating the service outline has been explained the client, and the client wants and is ready to take part)</p> <p>Signature _____</p> <p>Date _____</p> | <p>Client Signature (indicating consent to contact details being passed on to Healthy Living Wessex, referral into the service and pass on of outcome data to GP)</p> <p>Signature _____</p> <p>Date _____</p> |
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Please send the completed form to
 Healthy Living Wessex
 Egdon Hall
 Lynch Lane
 Weymouth
 Dorset
 DT4 9EU

Fax: 01305 759937

Email: info@healthylivingwessex.co.uk