

**Complete a Lifestyle Hub Referral today to book in for your first appointment with a Lifestyle Advisor. You can talk about the options that are available to you locally.**



**Please complete this form as fully as possible, omitting information may result in your referral not being processed. Please email this form to [bhn-tr.bedfordlifestyle-hub@nhs.net](mailto:bhn-tr.bedfordlifestyle-hub@nhs.net) or post to Lifestyle Hub, c/o Nutrition & Dietetics Beeden House, Bedford Hospital, Bedford, MK42 9DJ**

**Which organisation do you work for?** only complete if this is a Workplace self referral

<b>Name</b>		<b>Date of Birth:</b>	
<b>Address including postcode</b>		<b>Gender:</b>	
		<b>Registered GP:</b>	
<b>Preferred contact number:</b>		<b>Registered GP Practice:</b>	Bedford Borough Only
<b>Email address:</b>			

#### Let's talk about this

Lifestyle Hub offers up to four 30 minute 1:1 appointments. You can use this opportunity to explore your options and discover what is going on in Bedford to best suit your needs. If you need support beyond healthy eating, exercise and general lifestyle changes then we can signpost you to the most appropriate service.



## Health & Lifestyle Questionnaire

Please tick ✓ (optional)

	Yes	Sometimes	No
I have been diagnosed with Type 2 Diabetes by my GP			
I take TABLETS / INSULIN (please circle) medication for Type 2 Diabetes			
I have been diagnosed with high blood pressure by my GP			
I have been diagnosed with high cholesterol by my GP			
I take medication for high blood pressure and/or cholesterol			
I have been diagnosed with mild/moderate depression/anxiety by my GP			
I have been diagnosed with arthritis by my GP			
I have previously suffered a Stroke			
I have a heart related medical condition (including angina) / previously suffered cardiac arrest or infarction (and completed Cardiac Rehab)			
I do 30 minutes of activity/ exercise a day, including walking			
Being healthy is important to me			
I eat 5 (or more) portions of fruit & vegetables a day			
I consciously try to limit the amount of sugar & salt in my diet			
I make time to ensure I get 8 hours' sleep a night			
I make time to see my Dentist / GP if I feel something is wrong			
I feel I have a good support network of friends / family			
I use tobacco products			
I consume alcoholic drinks			

Enter Weight (if known): \_\_\_\_\_

Enter Height (if known): \_\_\_\_\_

Office use only: BMI

Which ethnicity do you identify with:

**CLIENT**

I give my consent for relevant medical information to be passed onto the scheme personnel / viewed by my GP / Nurse and stored in accordance with the data protection act. I am happy for my progress with the Lifestyle Hub to be shared with my GP /Nurse. I confirm that any information given is correct and that I do not meet any of the exclusion criteria. I understand that if anything is omitted, I may be refused entry into the Scheme during my initial Gym Induction if I do not meet eligibility criteria.

Please tick if consent is given ☐

Client signature: \_\_\_\_\_ (only if completing by paper)

Date: \_\_\_\_\_

**If you have any of the following conditions, you will need to be referred in by your GP, sorry!**

Type 1 Diabetes

Severe anxiety / depression (HAD Score &gt;15 / PHQ9 Score &gt;14)

Thoracic pain

Fever

Saddle anaesthesia

(Unexplained) weight loss

Ill health or presence of other medical illness

Bladder or bowel dysfunction

Progressive neurological deficit

Age of first onset &lt;20 years or &gt;55 years

Disturbed gait

**Red flags** are internationally recognised as precluding a patient/client from exercise referral in the case of Chronic Lower Back Pain as they indicate the likely need for higher level care / intervention or further information prior to referral.

Please answer the following:

I am happy to take time and meet the Lifestyle Advisor to see how their suggestions might improve my lifestyle

I am happy to receive and (anonymously) complete a short email survey after this appointment to answer questions about my appointment

Yes

No

If yes: please complete your email address in to the field on page 1.

We do not share your email address with third parties. However, some services in the Trust provide the option to communicate with patients via email. Please be aware that the Trust cannot guarantee the security of this information whilst in transit, and by requesting this service, you are accepting this risk.