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| **REFERRAL FORM** | [**NURTURE**](https://www.nurturelondon.co.uk/)  [www.nurturelondon.co.uk](http://www.nurturelondon.co.uk) |

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| **My Food & Me is** a three week programme that aims to support people overcome some of the barriers to healthy eating. These are group sessions and will support people to look at their diet and make changes to form healthy eating habits.  **Food Chat** is a group cooking session that will take place once every month and will cover various topics around food and health.  **Email the completed form to:** [rima.williams@nurturelondon.co.uk](mailto:rima.williams@nurturelondon.co.uk) | |
| **Personal details** *(please enter details in block capitals if handwritten)* | |
| Name: | DOB: |
| Address: | Ethnicity: |
| Phone: | Email: |
| **Emergency Contact** | |
| Name: | Relationship: |
| Phone: | Email: |
| **Referrer details** *(please complete as appropriate. Ignore this section if it is a self referral)* | |
| **GP Surgery** | **CMHT** |
| Referrer Name: | Referrer Name: |
| Surgery Name: | Team Name: |
| Surgery Postcode: | Team Postcode: |
| Phone: | Phone: |
| Email: | Email: |
| **Emotional Wellbeing in the past month** *(Please put an* ***X****)* | |
| □ Very good □ Good □ Satisfactory □ Having Little Interest □ Having No Interest | |
| **Medication** *(Please fill this section only if the medication taken can interact with food* | |
| Name:  Known interaction with any food: | |
| **Physical Health** *(Any physical health difficulties that we need to be aware of or any adjustments needed)* | |
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| **Food Allergies or Dietary restrictions** ( *Please put a* ***x*** ) |
| □ Gluten □ Dairy □ Nut □ Other (please specify)........................................  □ Vegan □ Vegetarian □ Halal □ Other (please specify)........................................ |
| **Can you prepare basic meals?** Yes □ No □ |
| **How many times a week do you cook?**  **1**  □  **2**  □  **3**  □  **4**  □  **5+**  □ |
| **How confident do you feel in your ability to cook healthy meals?**  **1 2 3 4 5 6 7 8 9 10**  Not Confident Very Confident |
| **How confident do you feel in your knowledge of healthy eating and its benefits**  **1 2 3 4 5 6 7 8 9 10**  Not Confident Very Confident |
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| **How would you rate your social life and your connectedness with others in your community?**  **1 2 3 4 5 6 7 8 9 10**  Very Poor Poor Average Good Very Good |

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| I consent to my details being passed to Nurture through this referral form □  I consent to Nurture using my details to inform me about future food related activities □  **Clients Signature........................................ Referrer’s signature.........................................**  **Date .............................................** |
| **\*For office use only\*** |
| Date referral received......................................  Staff Name........................................................ Staff Signature................................................. |