

Health Trainers

Referral Form

**Please complete all fields and email to: cychhealthtrainers@york.gov.uk
Incomplete forms will be returned**

Client details

Title		Date of Birth	
First Name		Surname	
Ethnicity		Gender	
Address			
Town		Postcode:	
Mobile phone number			
Landline number			
Preferred method of contact	Mobile	Landline	
Email Address			
GP Practice			
Is the client pregnant?	Yes / No		

Please indicate in which area(s) the client would like support.

Smoking cessation	
Healthy eating advice and weight management	
Finding new ways to be more active	
Help finding groups and activities to get back out into the community	
Reducing alcohol intake	

Referred by (please enter details)

	Name	Telephone	Email
GP Practice			
Midwife			
Hospital			
Healthy Child Service Health visitors & school nurses			
Other (<i>please state</i>)			

Please use this space for any information about the client such as long-term health conditions and accessibility needs.

If you need further information or have any questions regarding referrals, please call the Health Trainer team on 01904 553377 or email cyhealthtrainers@york.gov.uk
