



# ME TIME Family Referral Form

Referral date:

Name of referral:

Referring organisation:

## PARENT / CARER CONTACT DETAILS

Name:

Gender:

Address:

D.O.B:

Postcode:

Tel:

Mobile:

Ethnicity:

Email:

Preferred contact time: AM

PM

## CHILD / CHILDREN DETAILS

Name:

D.O.B:

Gender:

Ethnicity:

Additional information (please list health conditions and medication):

## REFERRER CONSENT

In my professional opinion I know of no reason why the above named patient is unable to undertake a suitable programme of physical activity.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

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

## PARENT / GUARDIAN CONSENT

I agree to the release of medical details about me to relevant staff. I understand that confidentiality is assured and that I am responsible for my own actions at all time. I am undertaking this programme of my own free will.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

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



## ME TIME Family Criteria

Requires 1 tick from the box to be eligible

Tick

Referral from Weight Management programme

Henry Programme referral

Professional request for acceptance on the programme e.g. social isolation or no access to outside play area.

**Reason recorded:**

Pregnant women with BMI 25+

Referral from Mellow Bumps or Wellbeing Service for low maternal mood

Child with identified / diagnosed educational needs or disability

Family on a Child Protection Plan

Family on a Child in Need Plan

Looked After Child (LAC)

Teenage young parent

Referral from Social Prescription

Family open to early help services

Family on low income in receipt of any of the following benefits:

- Income Support
- Jobseeker's Allowance
- Income-based Support and Employment Allowance
- Disability Living Allowance (care or mobility component for a disabled child)
- Housing Benefit
- Council Tax Benefit (not Council Tax discounts)

Family accepted onto the ME TIME Family programme Yes  No

Date:

Health professionals can refer using the secure [active.luton@nhs.net](mailto:active.luton@nhs.net)