MEND (Mind, Exercise, Nutrition... Do It!)

Child obesity prevention and weight management services

mytimeactive
Feel amazing!

To refer a family please complete this form and return via:
Post – Mytime Active, Linden House, 153-155 Masons Hill, Bromley, Kent, BR2 9HY
eFax – 0207 1117 4294

INCOMPLETE REFERRALS WILL NOT BE ACCEPTED

Family Details

Child's details

Name: ..... DOB: ..... Age: ..... Gender: .....

Child's height/length in cm: ..... Child's weight in kg: ..... BMI Centile: .....

Parent/carer's details

Parent/carer name: ..... Relationship to child: .....

Home phone no: ..... Mobile phone no: .....

Email: ..... Postcode: .....

Address: .....

.....

Comorbidities/Complex Needs (please fill relevant in circle)

Respiratory problems ○	Type 1 or 2 Diabetes ○	Significant joint/mobility problem ○
Hypertension ○	Hyperinsulinaemia ○	Psychosocial dysfunction ○
Cardiovascular disease ○	Endocrine problems ○	Emotional/psychological issues ○
Dyslipidaemia ○	Metabolic syndrome ○	Learning/educational difficulties ○
Sleep apnoea ○	Epilepsy ○	Not known ○

Other Information

Is Child Protection in place: Yes / No

English as a first language: Yes / No

Any other information relevant to be aware of that would impact on programme participation: .....

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PLEASE COMPLETE PAGE TWO

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Programme Information

Age: 0-2 years* / 2-5 years / 5-7 years / 7-13 years / 13-16 years / 16-18 years

Type of intervention: Group Based / One to One

Child is potentially at risk of becoming overweight (one/both parents or sibling overweight) ○

Child identified as being overweight (≥91st centile) or obese (≥98th centile) ○

Family would benefit from guidance around eating habits and physical activity ○

Family is motivated and committed to attending weekly sessions ○

* Mother would benefit from a post-natal weight management course ○

Referrer Details

Name: ..... Job title: .....

Organisation: ..... Postcode: .....

Address: .....

.....

Telephone no: ..... Date of referral: .....

GP Details (if different to referrer)

Name: ..... Job title: .....

Organisation: ..... Postcode: .....

Address: .....

.....

Telephone no: ..... Date of referral: .....

Parent/Guardian Consent

I agree to be involved in Mytime Active's child weight management service and have received relevant information about the structure of the service and data collected. I agree to be contacted for follow-up purposes for up to 12 months. I understand that my data will be stored confidentially, on paper and electronically on a secure database, and will be held in accordance with the Data Protection Act and NHS Information Governance.

I agree for my data to be shared with the commissioning body for evaluation purposes.
I agree for my anonymised data to be used for audit purposes to inform service development and contribute to research activities

Signature

Parent Guardian Signature: ..... Or verbal consent provided: Yes / No

Printed Name: .....

Referrer's Signature: ..... Date completed: .....

THANK YOU