  

ShapeUp4Life Hampshire

GP & Health Professional Referral Form

Please note this form must only be completed by a Health Professional. Once completed please send to: Secure Email: [su4l.hampshire@nhs.net](mailto:su4l.hampshire@nhs.net) For further info visit our website: Web: [www.shapeup4lifehampshire.co.uk](http://www.shapeup4lifehampshire.co.uk/) [or call](http://www.shapeup-4life.com/) [us on:0800](http://www.shapeup-4life.com/) 246 5170 or 023 8218 0287 / Mail: ShapeUp4Life Team Hampshire, Solutions 4 Health, Thames Court, 2 Richfield Ave, Reading, RG1 8EQ

Referral Date:

Client contact details

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| Full Name: |
| Date of Birth: |
| Telephone Number: |
| Email Address: |

Referrer details

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| GP Code/Practice Name: |  |
| Please check the box to confirm that the service user is motivated and has agreed to this referral: | |

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| **Patient informed Consent** Solutions4health would encourage you to provide your consent in order that we can process data and information about you. We will share this data where necessary with other health professionals such as your GP or specialist services. The information we collect, and process will be used to help us meet the contractual obligations as set down by the Hampshire County Council Public Health Commissioners in accordance with the service we are providing. You can request to view, amend or delete your data at any time by contacting us [at](http://www.solutions4health.co.uk/contact) [https://www.solutions4health.co.uk/contact-us/](http://www.solutions4health.co.uk/contact-us/) | |
| Consent provided: | |
| Signature: | Date: |