

# Eat 4 Health- Self Referral Form

## What is Eat 4 Health Weight Management service all about?

If you feel your weight is an issue and you are unsure what to do about it, the Eat 4 Health team can offer a Free 10-week self-referral weight management programme to support you in achieving your weight loss. The programmes are delivered in group settings and are open to anyone 16 years and above who have a body mass index (BMI) over 25.

## What does the service offer?

Each one and a half hour session contains an interactive nutrition workshop and exercise session. Our E4H qualified instructors will help you to understand various food topics and support you to become more physically active. All exercise sessions are tailored to your ability, so that everyone can take part.

## How will I benefit from attending Eat 4 Health?

- 50% less chance of developing over 20 chronic conditions, including coronary heart disease, diabetes, cancer and obesity
- Increased weight loss and maintenance, plus improved muscle tone and stability
- Helps prevent one-third of cancers that are attributed to poor diet and nutrition
- Helps lower blood pressure and reduce the risk of coronary heart disease by 9% and a stroke by 16%
- Helps to ease anxiety, stress, depression and improves positive mental health
- Increase your life expectancy by up to 11 years more than if you were severely overweight

## Programme Outline

Sessions are run over 10 consecutive weeks, and each session is split into 2 parts:

- 1- Lifestyle management and healthy eating (45 mins)
- 2- Exercise with a qualified exercise instructor (45 mins)

For each session you will need to:

- bring a bottle of water
- wear light and comfortable clothing and trainers or similar shoes
- wear reading glasses, if required

**If you think the programme is for you just fill out this form and follow the instructions overleaf.**

Mr / Mrs / Ms / Miss / ..... Forename(s):.....

Address: ..... Postcode: .....

Phone: ..... Mobile:.....

Email: .....

Date of birth: ..... Sex:  Male  Female

GP name: .....

Ethnicity: ..... Preferred language:.....

**To assess your suitability for the programme please provide us with the following information:**

**Weight:**.....(stones & pounds) or .....(kilograms)

**Height:**..... (feet & inches) or.....(metres)

Where did you pick up this self-referral form? ..... Date: .....

<b>Please indicate your preferred time slot/slots.</b>			<b>Please indicate your preferred location(s)</b>		<b>Do you smoke?</b>	
Monday	<input type="checkbox"/> am	<input type="checkbox"/> pm	<input type="checkbox"/> evening	Reading	<input type="checkbox"/>	Yes <input type="checkbox"/>
Tuesday	<input type="checkbox"/> am	<input type="checkbox"/> pm	<input type="checkbox"/> evening	West Berkshire	<input type="checkbox"/>	No <input type="checkbox"/>
Wednesday	<input type="checkbox"/> am	<input type="checkbox"/> pm	<input type="checkbox"/> evening	Wokingham	<input type="checkbox"/>	
Thursday	<input type="checkbox"/> am	<input type="checkbox"/> pm	<input type="checkbox"/> evening	<b>Would you like to bring a family member, friend or carer to E4H? If yes, please state your relationship.</b>		<b>If you are interested in quitting smoking, would you like the local NHS Stop Smoking Service to contact you?</b>
Friday	<input type="checkbox"/> am	<input type="checkbox"/> pm	<input type="checkbox"/> evening	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Saturday (am only)	<input type="checkbox"/> am			Relationship: .....		No <input type="checkbox"/>

**Motivational Questionnaire**

This questionnaire is to help you think about the reasons why you want to adopt healthier eating and activity habits.

**1. Importance**

Put a cross on the scale below to show how important it is for you to make changes in your life to develop a healthier lifestyle (10=very important)

1	2	3	4	5	6	7	8	9	10
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**2. Confidence**

Put a cross on the scale below to show how confident you are of being able to make these changes (10=very confident)

1	2	3	4	5	6	7	8	9	10
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**3. Commitment**

Put a cross on the scale below to show how committed you are to making these changes (10=very committed, will attend every week)

1	2	3	4	5	6	7	8	9	10
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**Answer Yes or No to the following questions:**

- 1. Has your Doctor ever said you have or have had a heart problem? Yes  No
- 2. In the past month have you had any chest pain when doing activity? Yes  No
- 3. In the past month have you had any chest pain when resting? Yes  No
- 4. Are you currently taking any medication? Yes  No
- 5. Do you suffer from any bone or joint problems? Yes  No
- 6. In the past year have you had any major illness or surgery? Yes  No
- 7. Have you ever been diagnosed with any of the following:
  - Diabetes Yes  No
  - Asthma Yes  No
  - Epilepsy Yes  No
  - Any other dietary illness? Yes  No
- 8. Are you pregnant? Yes  No
- 9. Do you ever lose your balance because of dizziness or lose consciousness? Yes  No

If you have answered **Yes** to any of the above questions we will need further information to ensure you are provided with the most appropriate programme for your needs. Please visit your GP, bring this form and ask about the Eat 4 Health Weight Management Service.

If you have answered **No** to **ALL** of the above questions simply call **0118 449 2036** or **0800 772 0630** to obtain details of your nearest session, taking this form with you when you attend or post to Eat 4 Health, Solutions 4 Health, Unit 1, Thames Court, 2 Richfield Avenue, RG1 8EQ. To find out more information on Eat 4 Health visit our website [www.eat-4-health.co.uk](http://www.eat-4-health.co.uk) or email us on [info@eat-4-health.co.uk](mailto:info@eat-4-health.co.uk)