**Second Nature** A digital programme designed to support people to create long term healthy habits to improve their overall health

**Staff Wellbeing Referral Form**

|  |  |  |
| --- | --- | --- |
| **Personal Details:**  Preferred prefix: Mr/Mrs/Miss/Ms/Dr/Prof/Other  Full name: | | |
| Date of birth \_ \_ /\_ \_ /\_ \_ \_ | | |
| Gender: Male 🞏 Female 🞏 Prefer not to say 🞏  Please indicate which pronouns you prefer: He/Him 🞏 She/Her 🞏 They/Them 🞏 | | |
| Address: | | |
| Contact telephone number: | | Can we leave a voicemail? Yes 🞏 No 🞏 |
| Email address: | | |
| Weight: | Height: | |

|  |
| --- |
| **In your own words please tell us why you would like support?** |
| **Please tell us about any additional support you may need to help you get the best care**  **e.g. an interpreter, digital skills support, smart device or wifi access challenges** |

**Additional Information**

|  |
| --- |
| Date of referral**: Click here to enter a date.**  **Shift worker?** Yes 🞏 No 🞏  (ie. works out with regular working pattern, eg. Mon- Fri 9-5 or similar )  **Professional Group: (please choose from drop down list)**  Choose an item.  **Area of work: (please choose from drop down list)**  Choose an item.  **Ethnicity:**  **Asian, Scottish Asian or British Asian** Choose an item.  **African, Scottish African or British African:**  🞏  **Caribbean or Black:** 🞏  **Mixed or multiple ethnic group:** 🞏  **White** Choose an item.  **Other ethnic group:** Choose an item.  **Would you consider yourself to have a disability?** Yes 🞏 No 🞏 Prefer not to say 🞏 |

|  |
| --- |
| **Consent**  Do you consent to this referral to the Weight Management & Prevention of Type 2 Diabetes team? Yes 🞏 No 🞏  **PLEASE NOTE: referrals collected for Second Nature from NHS Lothian staff members, will NOT be added to Trakcare, to maintain confidentiality.**  Please contact us if you do not agree to data sharing.  The NHS Lothian Data Privacy Policy can be found at: <https://policyonline.nhslothian.scot/Policies/ClinicalPolicy/Data%20Protection%20Policy.pdf> |

Please email the completed referral form to [weight.management@nhslothian.scot.nhs.uk](mailto:weight.management@nhslothian.scot.nhs.uk)

**OR**

Post to: Weight Management Service

Ground Floor, Woodlands House

Astley Ainslie Hospital

Canaan Lane

Edinburgh EH9 2TB

For enquiries please telephone: 0131 537 9169