

Liveability Adult Join Form



A Derby City Council Project

Client Information

Title (e.g. Mr/Mrs/Miss)

Name.....

Address

.....Postcode

Date of birth Email.....

Preferred telephone number

Carer's/supporter's name and relationship to client

.....

Carer's/ supporter's phone number if applicable.....

GP practice (and address)

Ethnicity and gender

Asian or Asian British		Dual Heritage	
of Bangladeshi origin		of White and Asian origin	
of Indian origin		of White and Black African origin	
of Pakistani origin		of White and Black Caribbean origin	
of any other Asian origin		of other Dual heritage origin	
Black or Black British		White	
of African origin		British	
of Caribbean origin		Irish	
of any other Black origin		Polish	
Chinese		of other White origin	
of Chinese origin		Gender	
Other Ethnic group		Male <input type="checkbox"/>	Female <input type="checkbox"/>
of any other ethnic group – please state		Other <input type="checkbox"/>	

Referral Criteria

Does the client have one or more of the following?

Learning Disability

Physical Disability Please give details:.....

Please complete

- | | | | |
|--|--|---|---|
| Obesity <input type="checkbox"/> | Osteoarthritis <input type="checkbox"/> | Rheumatoid Arthritis <input type="checkbox"/> | Osteoporosis <input type="checkbox"/> |
| Asthma <input type="checkbox"/> | Cystic Fibrosis <input type="checkbox"/> | COPD <input type="checkbox"/> | Anxiety <input type="checkbox"/> |
| CFS <input type="checkbox"/> | Hypertension <input type="checkbox"/> | Depression <input type="checkbox"/> | Multiple Sclerosis <input type="checkbox"/> |
| Type 1 Diabetes <input type="checkbox"/> | Type 2 Diabetes <input type="checkbox"/> | Angina <input type="checkbox"/> | |
| BMI > 30 <input type="checkbox"/> | CVD <input type="checkbox"/> | High CVD Risk Score <input type="checkbox"/> | % |

Other co-morbidity

Medication

1	2
-----	-----
3	4
-----	-----
5	6
-----	-----

Is the client committed to attend Lifestyle Interventions? Yes No

Does the client give consent to applying to join Livewell? Yes No

What outcomes does the client want to achieve? Weight Increase Quit
Reduction Physical Activity Smoking

Physical Data Required

Date	Height (m)	Weight (kg)	BMI

Do you have any concerns or does the client have any communication/reasonable adjustment needs that you feel the Livewell Advisor should be aware of? Yes No

If yes please give details;
.....
.....
.....
.....

Next of kin to be contacted in an emergency:

Name

Telephone Relationship

Please complete the consent on the next page and return to:

Livewell, Derby City Council, Corporation Street, Derby, DE1 2FS or email to:
livewell@derby.gov.uk

Livewell Privacy Notice

1. How is your information used?

We may use your information to: process applications for our services; check information you have provided, or information about you that someone else has provided, with other information we hold to detect fraudulent applications and to protect public funds; contact you by phone, text, in writing or by email to arrange, confirm or cancel appointments and/or to notify you of changes to our services; send you communications that you have requested or information connected to your Livewell programme; collect and process your health data for anonymous reporting purposes.

2. Who has access to your information?

We may share your information with:

- Other Council departments, for example Business Support who handle postal referral forms, the Council's leisure electronic system for managing your physical activity membership and Public Health for anonymous reporting purposes.
- External organisations such as Derby County Community Trust to process information for partnership programmes; your GP practice to share results, prescription requests and health concerns; organisations connected to the funding of Livewell for anonymous reporting – University of Derby, Sport England, NHS Derby and Derbyshire CCG, University of Derby and Burton NHS Foundation Trust; Fluid Ideas Ltd – which manages Livewell's website and supplies technical support for Livewell's electronic customer system, hosted by Amazon Web Services; Bionical Ltd (trading as North 51 Ltd) which manages stop smoking information on its electronic system to manage your quit attempt, hosted by Rackspace; The Computer Room electronic system which is used to upload your NHS Health Check results for your patient records held by your GP practice; online marketing platform, MailChimp if you have consented to receive the Livewell newsletter.

For further information about how your personal information will be used, please visit livewellderby.co.uk where you can see a full copy of our Privacy Notice. Alternatively you can request a hard copy from livewell@derby.gov.uk

I consent to my data being used in this way

At Livewell, we have exciting new activities and news about our health and wellbeing services that we hope you'd like to hear about. Livewell's email updates and newsletters include information about your programme, activities you can access, changes to our services and health and wellbeing articles from our partners - Derby County Community Trust, Derby City Council, InDerby and Move More Derby.

Yes please I'd like to receive email updates/newsletters from Livewell

No thanks, I don't want to receive email updates/newsletters from Livewell

Please note that emails related to appointments and important service changes are included in your consent for items 1 and 2.