**Social, Lifestyle and Wellbeing Services - Self-Referral Form**

**Please contact us if you require this form in large print.**

**If you require any assistance completing this form, please call 01905 676306 (option 4).**

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| **SOCIAL PRESCRIBING C:\Users\WorcGP\AppData\Local\Microsoft\Windows\INetCache\IE\KL5ND6HZ\tick-145475_960_720[1].png** **can help with:**  | **LIFESTYLE ADVICE C:\Users\WorcGP\AppData\Local\Microsoft\Windows\INetCache\IE\KL5ND6HZ\tick-145475_960_720[1].png****can help with:** | **WELLBEING COACHING C:\Users\WorcGP\AppData\Local\Microsoft\Windows\INetCache\IE\KL5ND6HZ\tick-145475_960_720[1].png****can help with:** |
| Budgeting/Debt/Benefits Advice  | Weight Management  | Low Level Anxiety |
| Housing Advice/Support  | Stopping/cutting down Smoking  | Low Mood |
| Practical Support/Food Bank Voucher  | Physical Activity Support  | Self Esteem/Confidence |
| Employment/Volunteering/Learning  | Advice about reducing alcohol use | Panic Attacks/Stress |
| Bereavement Advice  | Diet Advice | Grief |
| Social Groups/Isolation  | Making Healthier Choices | Poor Wellbeing |

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| **SOCIAL PRESCRIBING** C:\Users\WorcGP\AppData\Local\Microsoft\Windows\INetCache\IE\BW15SD22\cross-296507_960_720[1].png**can’t help with:**  | **LIFESTYLE ADVICE** C:\Users\WorcGP\AppData\Local\Microsoft\Windows\INetCache\IE\BW15SD22\cross-296507_960_720[1].png**can’t help with:** | **WELLBEING COACHING** C:\Users\WorcGP\AppData\Local\Microsoft\Windows\INetCache\IE\BW15SD22\cross-296507_960_720[1].png**can’t help with:** |
| Advocacy  | Severe Addiction  | Complex/severe mental health issues  |
| Substance Abuse Support  | Eating Disorders  | Patients currently in service with other mental health services  |
| Personal Care Provision  | BMI lower than 19 or higher than 35  | Suicidal/in crisis/severe self-harm  |
| **WHERE POSSIBLE WE WILL SIGNPOST TO MORE APPROPRIATE SERVICES** |

|  |
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| **PLEASE TELL US YOUR REFERRAL REASON:** \*ALTHOUGH THERE MAY BE MULTIPLE ISSUES, PLEASE STATE THE PRIORITY REASON\* |

**PAGE 1 OF 3**

**Personal Details**

|  |  |
| --- | --- |
| **Name:** |  |
| **Date of Birth (must be over 18yrs):** |  |
| **Telephone number:** |  |
| **Email:**  |  |
| **Address:** |  |
| **GP surgery:** |  |
| **Ethnicity:** |  |
| **Gender:** |  |
| **Do you have any additional needs that we should be aware of (disability, language, support needs etc):** |  |
| **Are you currently/have you previously served in the Armed Forces:** |  |

**I confirm that I consent to this referral, and I give my permission for my medical records to be accessed by the SLW Services team**

|  |  |
| --- | --- |
| **Signature:** |  |
| **Date:** |  |

**PAGE 2 OF 3**

**PATIENT AGREEMENT:**

* I understand that my data and anything I disclose will be kept confidential by The Social, Lifestyle and Wellbeing Services Team. However, I understand that if there are concerns for my safety or someone else’s, the SLW Services Team have a duty of care to share any relevant information to ensure my own or someone else’s safety.
* I understand that if I am referred to Wellbeing Coaching, that it is NOT counselling or therapy.
* I understand that I will be offered a Triage appointment via phone within 10 working days of my referral being received to assess my needs.
* Once in service, I understand that if I cannot attend an appointment, I must notify the SLW Services Team **by 9am on the day of my appointment (**unless there is an emergency). Contact details as below:

**Tel:** 01905 676306 (option 4)

**Email address:** hwicb.worcestercityslwservices@nhs.net

* I understand that if I fail to attend more than 2 appointments without giving the agreed notice, I will be discharged.

**I confirm that I have read and understood the above agreement**

|  |  |
| --- | --- |
| **Signature:** |  |
| **Date:** |  |

**Please email your completed referral form to:** **hwicb.worcestercityslwservices@nhs.net**

**Thank you**

**PAGE 3 OF 3**