**SOCIAL PRESCRIBING REFERRAL FORM**

**PRIVATE AND CONFIDENTIAL**

**Primary care mental health and wellbeing services**

**FOR SELF-REFERRAL: please advise patients to use telephone number at the bottom of the page and give an information leaflet**

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| **DATE OF REFERRAL:**  |
| **PATIENT DETAILS:**Title: Full Name: DOB: NHS NO. Address: Area:Postcode:**E-mail address**: Age: Gender: *[ ]* Male *[ ]* Female**PATIENT CONTACT NUMBERS:** Tel:Mob: (*Please ensure an up to date contact number is provided for the patient)***How** ***Can we contact you (please tick)****[ ] Mobile [ ] Home* *[ ]  Other please state:* Can we leave a message? *[ ]* Yes *or*  *[ ]* NoCan we write to you? *[ ]* Yes *or*  *[ ]* No | **ETHNICITY:** *[ ]* White - British *[ ]* White - Irish[ ] White - Other [ ] Mixed - Other[ ] Mixed – White & Black Caribbean [ ] Mixed – White & Black African[ ] Asian/Asian British – Indian[ ] Asian/Asian British – Pakistani [ ] Asian/Asian British – Bangladeshi [ ] Asian/Asian British – Other [ ] Black/Black British – African[ ] Black/Black British Caribbean*[ ]* Black/Black British – Other*[ ]* Not stated (If not stated please state):Main Language Spoken: Interpreter needed? Yes *[ ]* No *[ ]* Faith:Employment Status: **Activities interested in:***[ ]  Activity [ ]  Counselling**[ ]  Culture [ ]  Drugs & Alcohol**[ ]  Eating Well [ ]  Employment Course* *[ ]  Helping [ ]  Learning**[ ]  Meeting People [ ]  Safety* *[ ]  Transport [ ]  Work & Finance* | **GP DETAILS:**Patients named GP: GP Practice Name and address:Visits to GP: *[ ]*  Rarely *[ ]*  Frequently *[ ]* RegularOther Mental Health Support:Medication:Does the patient have any of the following:*[ ]*  Arthritis *[ ]*  Asthma *[ ]* CHD (CVD)*[ ]*  COPD *[ ]*  Chronic Kidney Disease *[ ]* Diabetes *[ ]* Heart Failure *[ ]*  High Cholesterol *[ ]*  Hypertension*[ ]*  Mobility *[ ]*  Osteoporosis *[ ]* Pre-Diabetes *[ ]*  Stroke*[ ]*  If Other Please state: |
| **Non GP Referral:** Name: Organisation: Contact Number: \*How did you hear about SP service? |
| **\*REASON FOR REFERRAL - narrative to include underlying causes based on current episode and current or past involvement with any other services; what support do you think will help?**  |
| **\*ANY IDENTIFIED RISK: (e.g. self harm, violence, aggression, substance use, offending, sexual offence, neglect, poor physical health, please state): No** **[ ]  / Yes [ ]  please give details:**  |
|  *[ ]* Please mark a cross in the box to state that the patient understands it will be necessary to share their personal sensitive details with the appropriate organisation both within the NHS or external organisations involved in their care. Their information will be kept confidential and accessed only by authorised personnel on a need to know basis. All organisations within this programme comply with the Data Protection 1998 and under their rights patients can withdraw their consent at any time by informing the GP; however this will affect their access to the hub. |
| **Please email this form to Social Prescribing on:** scwcsu.wellbeingteam@nhs.net **or call 0121 663 0904 for advice/discussion with** **administrator or a Health & Wellbeing Partner.** |

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| *Leaflet for:*   | SOCIAL PRESCRIBING🕿 **0121 663 0904** 🖂scwcsu.wellbeingteam@nhs.net 🖳 **https://socialprescribing.healthexchange.org.uk** |

**What is Social Prescribing?**

Social Prescribing is made up of a range of organisations working together to provide a trusted and co-ordinated range of services to support your wellbeing. It doesn’t matter how old or young you are, we want to put you in touch with the right person or organisation to support you and your family. We want you to feel ***‘I’ve come to the right place’***.

**Why use the Social Prescribing service?**

Maybe you know what’s wrong, can describe it readily and know what help you need but do not know where to find it. Or maybe, like many people, you are feeling overwhelmed and seem unable to find the way forward. Social Prescribing service aims to help you to identify one or more activities to improve your wellbeing and support you in starting it.

**What happens now?**

**1. REFERRAL:** Your GP may have referred you or you can refer yourself to Social Prescribing by calling 0121 663 0904.

**2. ASSESSMENT:** A member of our assessment team will call you within two working days to tell you more about the service and help you understand what is available and choose the right services for you.

**3. GET STARTED:** You can contact your chosen activity or your allocated health and wellbeing partner on your behalf can call to arrange a start date and get more information about the activity you are prescribed to.

**What services are there that could support and improve my wellbeing?**

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| * Advocacy and Advice (money advice, housing, job search etc)
* Mentoring for Young People
* Listening and Guidance
* Gardening and Horticultural Therapy
 | * Children and Family Support
* Psychological Therapies
* Counselling
* Sports and Arts
* Volunteering

...AND LOTS MORE! |

You will be given the opportunity to consider which activities might be beneficial to you and we would encourage you to consider the potential of services from across the broad scope you have been shown.

There is increasing evidence that being active and involved with a community; being part of a team; and taking part in physical or creative activities can all have a really positive impact on wellbeing and mental health.