

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).

SOCIAL PRESCRIBING ✓ <u>can help with:</u>	LIFESTYLE ADVICE ✓ <u>can help with:</u>	WELLBEING COACHING ✓ <u>can help with:</u>
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

SOCIAL PRESCRIBING ✗ <u>can't help with:</u>	LIFESTYLE ADVICE ✗ <u>can't help with:</u>	WELLBEING COACHING ✗ <u>can't help with:</u>
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

PLEASE TELL US YOUR REFERRAL REASON:

ALTHOUGH THERE MAY BE MULTIPLE ISSUES, PLEASE STATE THE PRIORITY REASON

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:	

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