**Wellbeing Service - Referral Form**

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| **Personal details** |
| First Name: |  |
| Surname:  |  |
|  |  |
| Gender:  | Male/Female / non binary  | Pregnancy Status Y/N |
| Address:  |  |
|
| Postcode: |  |
| Date of Birth: |  |
| CHI number: |  |
| Telephone (landline): |  | Mobile telephone no: |  |
| Registered GP practice |  |
| **Referrer details** |
| Name of Referrer: |  | Job title of referrer |  |
| Referral setting (BGH etc) |  | Date of referral: |  |
| Referrer’s Contact number: |  |
| **Primary reason for referral (tick one box only and add additional information if required)** |
| **Lifestyle**  | **Mental Health & Wellbeing**  | **Smoking**  | **Other**  |
| Physical Activity🞎 Healthy Eating /Weight Management 🞎 | Low mood 🞎 stress / anxiety 🞎 | Smoking/e cigarettes 🞎  | Diabetes prevention 🞎Other 🞎 |
| **Additional referral information (including risk to lone worker):** |
| **Current Medication:** |

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| **Communication:** |
| Does your patient have any communication barriers: (Hearing 🞎 Sight 🞎 Literacy 🞎 ) Does your patient require an Interpreter?  Requires Sign Language 🞎 If yes - British Sign 🞎 Makaton 🞎  |
|  Eligibility exclusions1. Age under 16 (except Smoking Cessation <12 years)
2. Current drug or alcohol misuse where this is the **primary** problem. – refer to BAS
3. Current CMHT or Psychology contact or pending referral.
4. Has a major psychiatric illness
5. Severe distress / impaired functioning.
6. Active Suicidal Plans/ significant self-harming.
7. A diagnosed personality disorder.
8. Unrealistic goals e.g: counselling/ therapy as opposed to guidance in self-help. Unwilling to consider idea of self-help
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Email to wellbeing@borders.scot.nhs.uk / Post to Wellbeing, NHS Borders, Rushbank, Newstead, TD6 9DA