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| New Logo Caption SMALL | **Referral Form – Wellbeing Exeter**  Referrals can be made by telephone to **01392 823690**  Alternatively email [westbank.wellbeingexeter@nhs.net](mailto:westbank.wellbeingexeter@nhs.net) |

**Introductions to Wellbeing Exeter can only be made by GPs for people aged**

**18 or over who are registered with participating Practices**

**The following must be completed in order for us to work with your patient.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient Details** | | | **Has the patient or their appointed representative given consent for their details to be shared with Wellbeing Exeter?** | | | | | | **Yes**  **No** |  |
|  | **NHS Number:**  Please note we cannot accept a referral without this number | <NHS number> | | | | **Patient Address:** | **<Patient Address>** | | |  |
|  |  | | | | | | | | |  |
|  | **Date of Birth:** (dd/mm/yy) Please note that only patients aged 18 and over can be referred to this service: | | | <Date of Birth> | | **Postcode:** | **<Patient Address>** | | |  |
|  |  | | | | | | | | |  |
|  | **Name of Patient:** | <Patient Name> | | | | **Patient Contact Details:** | Home Tel: <Patient Contact Details>  Mobile: <Patient Contact Details>  Email: <Patient Contact Details> | | |  |
|  |  | | | | | | | | |  |
|  | **Gender:** | <Gender> | | |  | | |  | |  |
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| **Referrers Details** | | | | |  |
|  | Name of person making referral: | <Sender Name> | Referrers contact details: | <Sender Details> |  |
|  |  |  |  |  |  |
|  | Role and place of work: | <Sender Details> | Date referral made to Wellbeing Exeter: | <Today's date> |  |
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|  | Patient’s GP & GP Practice: | <Organisation Address> |  | **Referral Needs**  **Please tick all that apply** | | | |  |
|  |  |  |  |  |  |  |  |  |
|  | Does the patient have any sensory or communication issues? |  |  | **Social** |  | **Practical** |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Are there any risks we should be aware of (e.g. for lone workers)? |  |  | **Physical** |  | **Emotional** |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Does the patient have a carer? |  |  | **Please give brief details overleaf.** | | | |  |
|  |  |  |  |  |
|  | Or are they a carer themselves? |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Reason for referral:**

Please give brief details of your reasons for referring this patient.

**What will happen next?**

The patient will be contacted by a Wellbeing Exeter Community Connector and an arrangement will be made to meet with them.  The meeting will take the form of a guided conversation through which the connector and individual will jointly determine areas with which the individual would like support.  The connector will then implement the support as agreed with the individual and will follow up at regular intervals. Feedback will be given to the GP when the individual decides they no longer want/need support from their connector.

**Wellbeing Exeter office use only:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date inputted to database: |  | | | Unique ID Number: |  | |
|  | |  | |  | |  | |
| Referral received via: | Email | |  | Database Reference Number: |  | |
| Phone | |  |
| Fax | |  |  |  | |
| Other – please give details | |  | Referral allocated to: |  | |