**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**

**IF ANY CLEAR OR IMMINENT RISK TO SELF OR OTHERS, PLEASE REFER TO:**

**Forward Thinking Birmingham (0-25): TEL: 0300 300 0099; ADULTS Single Point of Access (25+) 0121 301 4000**

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| **DATE OF REFERRAL:**  |
| **PATIENT DETAILS:**Title: Full Name: DOB: NHS NO. Address: Area:Postcode:**E-mail address**: Age: (if under 18 see below)Gender: *[ ]* Male *[ ]* Female**PATIENT CONTACT NUMBERS:** Tel:WorkMob: (*Please ensure an up to date contact number is provided for the patient.If there are any incorrect details,the referral will be sent back to the GP.)***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:**Referring GP: Visits to GP: *[ ]*  Rarely *[ ]*  Frequently *[ ]* RegularOther Mental Health Support:Medication:Does the patient have:*[ ]*  COPD *[ ]*  Diabetes *[ ]* Pre-Diabetes |
| **Non GP Referral:** Name: Organisation: Contact Number: \*How did you hear about EHAG service? |
| **NEXT OF KIN (\*If a vulnerable person)**Name: Contact number: Address: Relationship:  |
| **If patient is under 18 yrs:**\*Mother Parental Responsibility (y/n) Main Carer (y/n)\*Father  Parental Responsibility (y/n) Main Carer (y/n) School attended  sibling details (number and ages) Is child on a child protection plan/ child in need plan/ subject to a Family Common Assessment Framework (FCAF)/ Looked After  |
| **\*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 tick box(es) if the patient is known to any of these services -** e.g  Birmingham Healthy Minds *[ ]* / RAID *[ ]* / Police Street Triage *[ ]* / Community Paediatrics *[ ]* ***.***  |
| **ADMIN USE ONLY**

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| **Triage Team Recommendations:** …………………………………………. |
| Contact with patient made by (within 48 hours)  |  |  |
| 6 week follow up: |  |  |

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**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 🖳 **www.towndigitalhub.net/wellplanet/wellbrit/westmidlands/wellbrum** |

**Primary Care Outcome Measures**

**Please complete the following personal health questionnaire to allow us to assess your wellbeing needs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Over the last 2 weeks, how often have you been bothered by any of the following problems?** | **Never** | **Some-times** | **Most of the time** | **All the time** |
| 1 | Little interest or pleasure in doing things | 0[ ]  | 1[ ]  | 2[ ]  | 3[ ]  |
| 2 | Feeling down, depressed, or hopeless | 0[ ]  | 1[ ]  | 2[ ]  | 3[ ]  |
| 3 | Trouble falling or staying asleep, or sleeping too much | 0[ ]  | 1[ ]  | 2[ ]  | 3[ ]  |
| 4 | Feeling tired or having little energy | 0[ ]  | 1[ ]  | 2[ ]  | 3[ ]  |
| 5 | Poor appetite or overeating | 0[ ]  | 1[ ]  | 2[ ]  | 3[ ]  |
| 6 | Feeling bad about yourself — or that you are a failure or have let yourself or your family down | 0[ ]  | 1[ ]  | 2[ ]  | 3[ ]  |
| 7 | Trouble concentrating on things, such as reading the newspaper or watching television | 0[ ]  | 1[ ]  | 2[ ]  | 3[ ]  |
| 8 | Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual | 0[ ]  | 1[ ]  | 2[ ]  | 3[ ]  |
| 9 | Thoughts that you would be better off dead or of hurting yourself in some way | 0[ ]  | 1[ ]  | 2[ ]  | 3[ ]  |
|  |  | **PHQ9 Total Score ……..** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Over the last 2 weeks, how often have you been bothered by any of the following problems?** | **Never** | **Some-times** | **Most of the time** | **All the time** |
| 1 | Feeling nervous, anxious or on edge | 0[ ]  | 1[ ]  | 2[ ]  | 3[ ]  |
| 2 | Not being able to stop or control worrying | 0[ ]  | 1[ ]  | 2[ ]  | 3[ ]  |
| 3 | Worrying too much about different things | 0[ ]  | 1[ ]  | 2[ ]  | 3[ ]  |
| 4 | Trouble relaxing | 0[ ]  | 1[ ]  | 2[ ]  | 3[ ]  |
| 5 | Being so restless that it is hard to sit still | 0[ ]  | 1[ ]  | 2[ ]  | 3[ ]  |
| 6 | Becoming easily annoyed or irritable | 0[ ]  | 1[ ]  | 2[ ]  | 3[ ]  |
| 7 | Feeling afraid as if something awful might happen | 0[ ]  | 1[ ]  | 2[ ]  | 3[ ]  |
|  |  | **GAD7 Total Score ……..** |  |

**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:** Your chosen organisation will call you to arrange a start date and describe the service in more detail, you can decide with them if it is right for you. You should have been contacted by your chosen service within two weeks of them receiving your referral. If you haven’t heard anything you can call the Social Prescribing number on 0121 663 0904.

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

|  |  |
| --- | --- |
| * 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 organisations might be beneficial to you and we would encourage you to consider the potential of services from across the broad scope of the Early Help Advice and Guidance service that you may not previously have considered.

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.

The Early Help Advice and Guidance service has organisations that provide these activities and/or link with such community organisations.

**Therapies and Counselling**

We can also provide you with psychological therapies such as counselling and CBT (Cognitive Behavioural Therapy) which offer one-to-one or group therapy sessions.