**Wellbeing Service Self-Referral Form Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Is this service right for me?** | | | |
| * If you are aged 16 - 18 and over, you can refer yourself for lifestyle support. * If you are aged 12 and over, you can refer yourself for support to stop smoking, e-cigs/vaping. * If you are aged 16 and over, you can refer yourself for emotional wellbeing support. If you are currently receiving support from a Mental Health Team, please refer to them before seeking a referral with us.   **If you are currently in crisis or feeling suicidal, please contact your GP or call 111.** | | | |
| **Full Name** |  | | |
| **Address** |  | | |
| **Postcode** |  | | |
| **Contact numbers** |  | | |
| **E-mail** |  | **Date of Birth** |  |
| **Registered GP Practice** |  | **Usual GP** |  |
| **Please tell us why you would like to see an adviser?** | | | |
| **Emotional Health & Wellbeing\*** | **Smoking Cessation\*** | **Lifestyle** | |
| Low mood  Stress / Anxiety  Sleep issues  Loneliness/isolation | Tobacco  E-cigarettes  **\***If you are aged 12-15, do you consent to us discussing your care with:  Other Healthcare  Professionals  Your parent/guardian | Physical Activity  Healthy Eating  Height ...... (metres)  Weight ....... (kg) | |
| **\* Emotional Health & Wellbeing relevant background information:** | | | |
| **Where did you hear about our service?** | | | |
| GP Used service before Online (Google/social media)  X  Other medical practitioner Friends/Family Cancer Prehabilitation  X  Other (…………………………) | | | |
| **Do you need any support to help us communicate with you?** | | | |
| If English is not your preferred language, please specify your preferred language: | | | |

**Email:** [wellbeing@borders.scot.nhs.uk](mailto:wellbeing@borders.scot.nhs.uk) **Telephone:** 01896 824502

**Post:** Wellbeing Service, Department of Public Health, NHS Borders, Rushbank, Newstead, TD6 9DA

**Wellbeing Services – Referral Exclusion Criteria**

**Key referral criteria** for the service – all patients should be motivated and ready to engage:

* Lifestyle
* Healthy Eating without weight loss/management: 18 years +
* Physical activity: 16 years +
* Smoking Cessation: 12 years +
* Emotional Wellbeing for Tier 1 support: 16 years +

**General Referral Exclusions**

* Current drug or alcohol misuse – refer to Borders Addiction Service

**Emotional Wellbeing Exclusions (16+)**

* Tier 2 support
* Patients seeking treatment with psychosis, a major psychiatric illness, severe depression (including post-natal depression**)**
* Current CMHT or Psychology contact or pending referral
* Severe distress/impaired functioning
* Active Suicidal Plans/significant self-harming
* Patients seeking treatment with a diagnosed personality disorder
* Unrealistic goals, e.g. counselling/therapy as opposed to guidance in self-help.
* Unwilling to consider idea of self-help

**Healthy Eating Exclusions (18+)**

* Referrals for people under 18 who seeking support for weight loss/ management are not accepted (refer to [Child.HealthyWeightService@borders.scot.nhs.uk](mailto:Child.HealthyWeightService@borders.scot.nhs.uk) )
* Underweight individuals (BMI <18.5)
* Pregnant women seeking advice for weight loss
* People with the following conditions:
  + Uncontrolled hypothyroidism
  + Unstable psychosis or severe and unstable personality disorder
  + Dementia (unless attending with carer)
  + Diagnosis of current eating disorder – refer back to GP for referral to CMHT.   
    Clients need to be assessed by the CMHT first
  + Moderate to severe learning disability (unless attending with carer) – refer to LD for advice/ support
  + Complex Gastrointestinal (GI) issues including malabsorption – refer back to GP or referrer for input from specialist or dietetics
  + Cancer patients undergoing treatment – refer to oncology nurse or doctor if specialist dietary advice is required