**Wellbeing Service - Referral Form for Communities**

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| --- |
| **Personal details** |
| First Name: |  |
| Surname:  |  |
| Gender:  | Male / Female / Nonbinary  | Pregnancy Status Y / N |
| Address:  |  |
|
| Postcode: |  |
| Date of Birth: |  |
| Email (if known): |  |
| Telephone (landline): |  | Mobile telephone: |  |
| Registered GP practice: |  |
| **Referrer details** |
| Name of Referrer:  |  | Referrer Contact no: |  |
| Referral setting *(Community Hub/LAC etc):* |  | Referral date: |  |
| **Has the person consented to the referral?** [ ]  ***(we can only accept referrals where consent has been obtained)*** |
| **Primary reason for referral *(add additional information if required)*** |
| **Emotional Health & Wellbeing Tier 1**  | **Smoking Cessation\*** | **Lifestyle** |
| Low mood [ ]   Stress / Anxiety [ ]   Sleep issues [ ]   Loneliness/isolation [ ] Is this patient currently under a Mental Health or Psychology service or has a pending referral?Yes\* [ ]  No [ ]  \*If yes, this patient is not suitable for the Wellbeing Service referral. | Tobacco [ ] E- cigarettes [ ]  \*If patient is aged 12-15, do they consent to discussing their care with: a) Other Healthcare [ ]  Professionals b) Their parent/guardian [ ]   | Physical Activity [ ]  Healthy Eating [ ] *Height (metres)* *Weight (kg)**BMI (if known)* |
| **Emotional Health & Wellbeing – relevant background information** (*referral may be declined if none provided*): |
| **Additional referral information** *(including risk to lone worker):*[ ]  |
| **Communication preferences of person referred:** |
| Are there any communication challenges we need to know about: Hearing 🞎 Sight 🞎 Literacy 🞎Is there a need for an Interpreter? 🞎Requires Sign Language 🞎 If yes - British Sign 🞎 Makaton 🞎 |

**Email:** wellbeing@borders.scot.nhs.uk **Telephone:** 01896 824502

**Post to:** 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 )
* 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