**Wellbeing Service – Healthcare Professional Referral Form**

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| --- |
| **Personal details** |
| First Name: |  |
| Surname:  |  |
| Gender:  | Male / Female / Nonbinary  | Pregnancy Status Y / N |
| Address:  |  |
|
| Postcode: |  |
| Date of Birth: |  |
| CHI number: |  | Registered GP practice: |  |
| Telephone (landline): |  | Mobile telephone: |  |
| Email address: |  |
| **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 and add additional information if required)*** |
| **Lifestyle**  | **Emotional Health & Wellbeing Tier 1** | **Smoking\*** |
| Physical Activity [ ]  Healthy Eating [ ] *Height (metres)* *Weight (kg)**BMI (if known)* | 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 [ ]   |
| **For Emotional Health & Wellbeing support please provide relevant background information** (referralmay be declined if none provided): |
| Additional referral information (including risk to lone worker): |
| Current Medication: |
| Is this referral part of the Cancer Prehabilitation pathway? Yes [ ]  No [ ]  |
| **Communication:** |
| Does your patient have any communication barriers: Hearing [ ]  Sight [ ]  Literacy [ ]  Does your patient require an Interpreter? Yes [ ]  No [ ] Requires Sign Language [ ]  If yes - British Sign [ ]  Makaton [ ]  |

**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