**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](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