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**Wellbeing Service - Referral form**

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| **Your Name:**(first and surname) |  |
| **Address** |  |
| **Postcode** |  |
| **Contact numbers:** (Mobile preferred) | 1.2. |
| **E-mail:** |  |
| **Date of Birth** | DD/MM/YYYY |
| **Registered GP Practice:** |  |
| **Usual GP**  |  |
| **Please tell us why you would like to see an advisor?** |
| **Lifestyle** | **Mental Health Wellbeing** | **Smoking** |
| Healthy Diet/ Weight Management □   | Low mood □  | Tobacco □  |
| Physical Activity □  | Stress/Anxiety □  | e-cigarettes □  |

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| **Do you need any support to help us communicate with you?** |
| If English is not your preferred Language please specify : |

Post to Wellbeing, NHS Borders, Rushbank, Newstead, TD6 9DA