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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