**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 no: | | | | |  | |
| 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** | | | **Other** |

|  |  |  |  |
| --- | --- | --- | --- |
| Physical Activity  Healthy Eating /Managing Weight\*  *Height ....... (metres) Weight ....... (kg)*  *BMI .......... (if known)*  \*If your patient is interested in weight loss, their referral may be passed to the Borders Weight Management team. They may be able to offer a structured weight management programme, in partnership with LIVE Borders. | Low mood  Stress / Anxiety  Sleep issues  Loneliness/isolation | Tobacco  E- cigarettes | Diabetes prevention  Other |

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| **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:** |

|  |
| --- |
| **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 |

Email to: [wellbeing@borders.scot.nhs.uk](mailto:wellbeing@borders.scot.nhs.uk) Post to: Wellbeing Service, Dept of Public Health, NHS Borders, Rushbank, Newstead, TD6 9DA. Tel: 018960524502



**Wellbeing Services – Referral Exclusion Criteria**

**Key referral criteria** for the service – all patients should be motivated and ready to engage:

* Lifestyle
* Weight – 18 years +
* physical activity – 16 years +
* Smoking Cessation – 12 years +
* Emotional Wellbeing for Tier 1 support – 18 years +

**General Referral Exclusions**

* Current drug or alcohol misuse – refer to Borders Addiction Service

**Emotional Wellbeing Exclusions (18+)**

* Tier 2 support
* Emotional Wellbeing – if under 18 refer to Quarriers (if in education) or CAMHs depending on severity
* 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

**Weight Management/Weight Loss Exclusions (18+)**

* Referrals for people under 18 are not accepted (refer to [Child.HealthyWeightService@borders](mailto:Child.HealthyWeightService@borders).scot.nhs.uk)
* Underweight individuals (BMI <18.5) are not suitable for weight loss/weight management
* Pregnant women seeking advice for weight loss (refer to Borders Weight Management Team)
* People with the following are not suitable:
  + 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