**Wellbeing Service - Referral Form for Communities**

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| **Personal details** | | | | | | | | |
| First Name: |  | | | | | | | |
| Surname: |  | | | | | | | |
| Gender: | Male/Female / Nonbinary | | | | | Pregnancy Status Y/N | | |
| Address: |  | | | | | | | |
|
| Postcode: |  | | | | | | | |
| Date of Birth: |  | | | | | | | |
| Email: (if known) |  | | | | | | | |
| Telephone (landline): |  | | | Mobile telephone no: | | |  | |
| Registered GP practice |  | | | | | | | |
| **Referrer details** | | | | | | | | |
| Name of Referrer: | |  | | Referrer’s Contact number: | | | |  |
| Referral setting (Community Hub/LAC etc) | |  | | Date of referral: | | | |  |
| **Primary reason for referral (add additional information if required)** | | | | | | | | |
| **Emotional Health & Wellbeing**  **Tier 1** | | | **Smoking Cessation** | | **Lifestyle** | | | |

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| --- | --- | --- |
| Low mood  Stress / Anxiety  Sleep issues  Loneliness/isolation | Tobacco  E- cigarettes | Physical Activity  Healthy Eating /Managing Weight\*  *Height ....... (metres) Weight ....... (kg)BMI .......... (if known)*  \*Your referral may be passed to the Borders Weight Management team. If you are interested in losing weight, they may offer you a structured weight management programme, in partnership with Live Borders. |

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| **Emotional Health & Wellbeing – relevant background information** (*referral may be declined if none provided*): |
| **Additional referral information (including risk to lone worker):** |
| **Has the person consented to the referral** 🞎*(we can only accept referral where consent has been obtained)* |

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| **Communication preferences of person referreed :** |
| Are there any communication challenges we need to know about: (Hearing 🞎 Sight 🞎 Literacy 🞎)  Is there a need for an Interpreter?  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, Department of Public Health, NHS Borders, Rushbank, Newstead, TD6 9DA. Telephone: 01896 824502.

**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