**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 | TobaccoE- cigarettes  | Physical ActivityHealthy 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 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.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