**Social Prescribing Referral Form**

**Southmead Development Trust**

|  |  |
| --- | --- |
| **Referrer details:**  |  |
| **Name, role, organisation:****Tel:** **Email:**  |  |

|  |  |
| --- | --- |
| **Patient details:**  |  |
| **Patient name:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **GP practice: (see p2 for included practices)** |  |
| **Patient contact number / email:**(Please state if it is **NOT** ok to text/leave voicemail.) | **Tel:** **Email:** |

|  |  |
| --- | --- |
| **Does the patient need support to discuss the referral?** | **If ‘Yes’ please provide details of the person who will support them below: (N.B. This person may be contacted by Link Worker.)** |
| **Name:****Relationship to patient:****Contact number:** |  |

**Reason for referral (Please select all relevant):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Social isolation / loneliness**  | [ ]  | **Need for improved self-care (e.g. diet and exercise)** | [ ]  |
| **Bereavement**  | [ ]  | **Over-reliance on NHS services** | [ ]  |
| **Practical support needs (e.g. benefits, letter writing, housing, debt etc.)** | [ ]  | **Low confidence and self-esteem** | [ ]  |

|  |
| --- |
| **Further comments – please also provide detail of any known risks:**  |
|   |

**Suggested intervention:** 1 hour face-to face appt. [ ]  15 minute telephone signposting consultation [ ]  Don’t know [ ]

**How motivated do you consider this person to be to engage with the service? (select box)**

1[ ]  2[ ]  3[ ]  4[ ]  5[ ]

Not motivated at all Highly motivated

**Has the patient consented to this referral (including passing on patient contact details and limited access to medical records?) Yes / No** N.B. (If ‘no’, the referral cannot be processed).

**Referrer initials / signature:**  **Date:**

**Referral information.**

**What will happen now?**

* The Link Worker will make contact with the participant. A letter will be sent out if there is a waiting list.
* Up to 6, 1-1, hour long sessions will be offered exploring what matters to the participant, and what might help them improve their health and wellbeing.
* Meetings will normally take place at the participants GP practice. There is a very limited capacity to home visit. Please state if needed.

**Information for referrer:**

**Who is the service for?**

The referral criteria will be open to anyone who the referrer feels would benefit from non-medical sources of support, but as guidance will include:

* Social Isolation/Loneliness
* Practical support needs (e.g. letter writing for welfare cases, benefit help, housing, debt, work etc.)
* Over-reliance on NHS services
* Bereavement
* Need for improved self-care (e.g. diet and exercise)
* Low confidence and self-esteem (including mild/moderate depression and anxiety)

**Who is not suitable for the service?**

**Patients who are:**

* Under the age of 18
* A threat to themselves or others
* In need of crisis support.
* Patients lacking mental capacity.

If we are not able to work with someone we inform the referrer and try and signpost the participant to a more suited service.

**Person being referred must be a patient at a GP practice in North Bristol, as follows:**\* Southmead and Henbury \*Greenway \*Helios \*Westbury on Trym \*Fallodon Way \*Sea Mills \*Monks Park \*Cotham Family Practice \*Whiteladies Health Centre \*Student Health Services (Bristol University) \* Pembroke Road \*Gloucester Road \*Horfield Health Centre \*Ridingleaze \*Avonmouth \*Shirehampton \*Bradgate