

**Healthy Futures Referral Form**

**For Social Prescribing and Health & Wellbeing Coaching**

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| **Please select this box to confirm the patient has given permission for the following information on this form to be shared with the Wolseley Trust** |[ ]

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| **Service referred to:** |
| **Social prescribing** |[ ]
| **Health and wellbeing coaching** |[ ]
| **Both** |[ ]
| **Not sure** |[ ]

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth:** |  | **Age** |  |
| **NHS Number** |  |
| **Address** |  |
| **Postcode** |  |
| **Mobile Number** |  | **Home Number** |  |
| **Email Address** |  |
| **GP Name** |  |
| **Surgery Name** |  |
| **Name and job title of Referrer**  |  |

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| **What would the patient like support with?** |
| Frequent attendee to GP |[ ]  Benefits Support & Debt Advice |[ ]
| Healthy Lifestyle |[ ]  Befriending / Social Activities |[ ]
| Education, Training and Learning  |[ ]  Work / Volunteering  |[ ]
| Housing  |[ ]  Other *(please provide additional info below)* |[ ]
| **Please provide additional information on patient’s circumstances and what lead to referral. Patient summary can be attached if required.**  |
|   |
| Are there any other services and support agencies working with the patient?Please specify: |  |
| Any long-term conditions: |  |
| Any significant risk issues?Please specify:  |  |
| **This service is not suitable for patients in mental health crisis.*****SNOMED code: 871731000000106 for social prescribing*** ***:1078371000000100 for health coaching*****Please forward this form to the healthy futures coordinator by secure email** **or tracked post to:**joanne.bower-brown@nhs.net Unit 2Wolseley Business ParkWolseley ClosePlymouthPL2 3BY |