

**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** |  |

|  |  |
| --- | --- |
| **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](mailto:joanne.bower-brown@nhs.net)  Unit 2  Wolseley Business Park  Wolseley Close  Plymouth  PL2 3BY | | | | |