**** **The Cotswolds**

**Gloucestershire Community Wellbeing Service**

***Professionals Referral Form***

**Part A – Details of person being referred** (to be completed by referrer)

|  |  |
| --- | --- |
| Name: | Date of Birth: |
| NHS Number: | Gender: Male  Female  Transgender  Not Known  Decline to disclose  Other |
| Contact number: | Contact Email:  (optional) |
| Address (incl. postcode): | |
| GP Practice: | |

**Part B- Referral Information** (to be completed by referrer)

**Support required in relation to** (please select all that apply):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Caring Responsibilities |  | Debt/Finance |  | Employment |  |
| Loneliness |  | Social Isolation |  | Welfare Check |  |
| General Health & Fitness |  | Housing/Environment |  | Mental Health & Wellbeing |  |
| Long Term Health Conditions |  | Other (please specify) |  |  | |
| **“What Matters To Me”**  What support does the person you are referring hope to get from the Community Wellbeing Service? | | | | | |
| *Please give any other relevant referral information that will help the Community Wellbeing Service provide support* | | | | | |

**Does the person have any of the following?** (please select all that apply):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Hearing difficulties |  | Communication difficulties |  | Sight loss |  |
| Requires an interpreter |  | Other (Please specify) |  |

**Is the person already known to any of the services below?** (please select all that apply):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NHS Mental Health |  | Social Care |  | Other (Please specify) |  |

**Part C- Risk Assessment** (to be completed by referrer)

**\**It is essential that this section is completed in case a home visit is required***

|  |  |
| --- | --- |
| Does the person pose any risk to themselves?  (i.e. substance misuse etc.) If so please specify below: | Does the person or anyone in their household pose any risk to others? (i.e. history of aggression/violence) If so please specify below: |
|  |  |

|  |  |
| --- | --- |
| Is the person at risk from others or vulnerable in any way? If so please specify below: | Are there any risks associated with where the person lives? (e.g. dogs at the property) If so please specify below: |
|  |  |

**Part D- Consent**

**To be completed by referrer**

I recommend for the person above to be referred to the Gloucestershire Community Wellbeing Service in order to receive support and onward signposting/referral to appropriate local agency/ies. I confirm that I have assessed this person and to my knowledge there is no medical reason as to why they should not participate. I confirm that I have discussed this referral, and the reasoning for it, with the person being referred.

|  |  |
| --- | --- |
| Referrer Name: | Date of Referral: |
| Contact Email: | Contact Number: |
| Role/Organisation: | |

**To be completed by person being referred**

I consent to referral to the Community Wellbeing Service. I understand that any personal information shared about me will be treated as confidential in line with Data Protection Act and that it may be used in anonymous form for statistical or research purposes.I understand that I have the right to (i) withdraw my consent and (ii) access my information. I give permission for my GP (and referrer where different) to be kept informed of my progress.

**Please tick box to indicate consent to refer**

***\*Consent is required for the Community Wellbeing Service to accept referral***

|  |  |
| --- | --- |
| Signature of person being referred: | Date: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| OR Please confirm verbal consent given by marking with an ‘X’: | **YES** |  | **NO** |  |

|  |  |  |
| --- | --- | --- |
| **Instructions for referrer:**  Please send your Community Wellbeing Service Referral Form using nhs.net to the following e-mail address: [**cws.grcc@nhs.net**](mailto:cws.grcc@nhs.net)  Phone number for enquiries: 07738 106384   |  |  | | --- | --- | | |  | | --- | |  | | |