

Essex Wellbeing Service Referral Form

Telephone: 0300 303 9988

E-mail Address: provide.essexwellbeing@nhs.net

Online referral link: <https://www.essexwellbeing.co.uk/volunteering/support-referral>

Note: Provide services work to NHS Connecting for Health policies and can only send responses including patient identifiable details (PID) to email addresses that are approved by them. If you are not using an approved email address this may limit the response, we can make by e mail.

*Referrals sent into the Essex Wellbeing Service **must** contain the fields below, lack of information where requested may cause delays in your referral process.*

Date of referral:	NHS Number:
Client Details	
Forename:	Surname:
Date of Birth:	
Full address and Postcode:	Telephone Mobile: Home: Email: Preferred method of contact:

Referrer Details (complete if not patient's GP or patient)	<input type="checkbox"/> Tick if patient's GP
Name:	Job Role:
Organisation/Service:	Telephone:
CONSENT: I confirm that the client in question has agreed to the referral to The Essex Wellbeing Service and is happy to be contacted by the SPA (Single Point of Access)?	Yes/No (removed as appropriate)



Reason for Referral
I would like to receive support from Essex Wellbeing Service for: Please tick box;
<ul style="list-style-type: none"><input type="checkbox"/> Stop Smoking<input type="checkbox"/> Lifestyle Change (Emotional health, drug & alcohol reduction, sleep, confidence, and self-esteem, physical activity)<input type="checkbox"/> Weight Management (exclusions – BMI less than 25, Diagnosed and/or active eating disorder, Kidney or Heart Failure, Pregnancy, Dementia, Under 18, Complex Mental Health Diagnosis)<input type="checkbox"/> Low Carb Weight Management Programme (exclusions – Type 1 diabetes, Diagnoses and/or active eating disorder, Pregnant or Breastfeeding, BMI less than 25, Under 18)<input type="checkbox"/> Child Lifestyle Services (suitable for children aged between 4 and 17)<input type="checkbox"/> Debt and Benefits Support<input type="checkbox"/> Carers Support<input type="checkbox"/> Home Adaptations (grab rails, toilet raisers, bath rails)<input type="checkbox"/> Social Isolation (specialist befriending, local social clubs, connecting with the community)<input type="checkbox"/> Employment Support (developing employability skills, adult learning)<input type="checkbox"/> Support to Improve Mobility (Seated Exercises, walking clubs)<input type="checkbox"/> Healthy Balance, Strength and Balance Exercises (<i>Mid Essex Only</i>)<input type="checkbox"/> Home Safety and Security (fire service assessment, care call support)<input type="checkbox"/> Other – please enter other reason in text box below
<div style="border: 1px solid black; height: 50px; width: 100%;"></div>
Supporting information regarding your client and the reason for your referral:
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>