# Wellbeing Coaching Referral Form (Keeping Well)

## Details of the Individual being referred

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  | | | Age: | |  |
| Address: | Post Code: | | | | | |
| Email: |  | | | | | |
| Telephone: | Home: |  | Mobile: | |  | |

Is it okay for us to write to you at the above address?  Yes  No

Is it okay for us to email you at the above address?  Yes  No

Is it okay for us to phone you on the above numbers? Yes  No

Is it okay for us to leave a message (voice or text) at the above numbers? Yes  No

## Emergency Contact Details

Emergency contact details are collected for use in the unlikely event of an accident or incident during your sessions with a Wellbeing Coach and are subject to the same conditions outline in the above privacy statement.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  | | Relationship: | | |  |
| Address: | Post Code: | | | | | |
| Telephone: | Home: |  | | Mobile: |  | |

## Statutory Keyworker or Other Health Care Professionals

This section should be completed by your keyworker or a health care professional if you have one.

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| --- |
| **What is the reason for this referral?** |
|  |
| **Are there any past or present risks that Lancashire Mind should be aware of?** |
| * Arson Y / N * Aggression and/or violence Y / N * Self-harm Y / N * Exploitation Y / N * Suicide Attempts Y / N * Severe self-neglect Y / N |
| **Is this person suitable for low intensity interventions (i.e.** [**Step-two**](https://www.nice.org.uk/guidance/cg123/chapter/1-guidance#steps-2-and-3-treatment-and-referral-for-treatment) **or “**[**Getting Help**](https://www.chorleysouthribbleccg.nhs.uk/children-and-young-adults)**” interventions?** |
|  |

## Contact with your GP

We routinely inform GPs when one of their patients has applied to access our services. This is to keep them informed of the support their patients are seeking to ensure that we effectively coordinate services and provide you with the best possible care. If you give your consent for us to do so, we will send a standardised letter after your initial meeting with a coach, telling your GP that you are accessing our service.

**If you do not wish for us to contact your GP, please tick this box**

Please note that as part of our confidentiality policy, if there is reason to be seriously concerned about your welfare, we may need to break confidentiality without your consent to help you stay safe. We will try to get your consent first, but this may not always be possible.

|  |  |
| --- | --- |
| **GP’s Name:** |  |
| **Surgery Name:** |  |
| **Surgery Address:** |  |