**SOCIAL PRESCRIBING SERVICE**

**PATIENT REFERRAL FORM – Langley Health Centre**

**Once completed please task the secretaries**

**Secretaries to then email – sloccg.socialprescribinglocc@nhs.net**

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| --- | --- | --- | --- | --- |
| **ENTER PATIENT DETAILS BELOW** | | | | **Referral date:** |
| **Patient Name**: |  | | | **NHS No.:** |
| **Address:** |  | | | |
| **Telephone:** |  | | | |
| **Email if known:** |  | | | |
| **Date of Birth:** |  | | **Ethnicity** |  |
| **Interpreter needed?** | **□** Yes  **□ No**  Which Language: | | **Patient category:** | Carer: **□ Yes** **□** No  Risk of falls: **□ Yes** **□** No |
| **Referrer Name:** |  | | **\*\*\*PLEASE SELECT REASONS BELOW\*\*\*\*** | |
| **Patient alerts select if applies:** | | | | |
| **□ Self-harm □ Suicidal □ Neglect □ Verbally Aggressive □ Physically aggressive** | | | | |
| **PHYSICAL NEEDS:**  **□** Weight management  **□** Community Care services (ASC/OT)  **□** Refer to GP referral Gym classes  **□** Bowel screening due  **□** Breast Screening due  **□** Covid vaccination due  **□** Cervical Screening due  **□ Covid 19 Shielding – requires help**  **□** Food/Fuel voucher to be considered | | **EMOTIONAL/MENTAL HEALTH**  **□** Anxiety/Depression/Low mood  **□** Social Isolation  **□** Emotional Support  **□** Support with long term condition  **□** Mental health issues  **□** **Tick if Patient under CMHT** | | |
| **FINANCIA**L NEEDS  **□** Learning/Training/employability skills  **□** Money/Debt/Benefits  **□** Housing issues  **□** Frequent attenders (GP/ A&E)  **□ Covid 19 – Hot meals/shopping/meds**  **□** Other – please specify: | | **PROACTIVE INTERVENTION MEASURES**  **□ Telephone befriending or welfare calls**  □ Refer to Community Interpreting course level 1 & 2  □ Refer to Volunteering (helps to improve health)  □ English/Maths & IT Skills for Beginners (refer)  □ Migrant classes new arrival less than 3 years  □ Link to activities & groups | | |
| **Additional notes to support patient difficulty (social or health reasons)** | | | | |