**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)** |