



**BURNLEY PENDLE
& ROSSENDALE**
COUNCIL FOR VOLUNTARY SERVICE
Registered Charity Number: 1082446 Company Limited By Guarantee: 3332219

Social Prescribing Team Referral Form



Date Of Referral: _____ Referral Via: _____

Client Details

Full name:		Gender:	
Full address:		NHS number:	
		Preferred language:	
		Ethnicity:	
Tel:		Date of birth:	
GP name:			
GP practice:			
Lives with:			

National Data Opt Out

Has this person opted out of sharing their health data in line with the National Data Opt Out? Yes No

Referral Details

Reason(s) for referral:	Social isolation	<input type="checkbox"/>	Training	<input type="checkbox"/>
	Depression/Anxiety	<input type="checkbox"/>	Education	<input type="checkbox"/>
	Volunteering	<input type="checkbox"/>	Financial issues	<input type="checkbox"/>
	Medical issues	<input type="checkbox"/>	Housing	<input type="checkbox"/>
	Mental health issues	<input type="checkbox"/>	Children & young people services	<input type="checkbox"/>
	Self-esteem/Confidence	<input type="checkbox"/>	Veterans	<input type="checkbox"/>
	Other	<input type="checkbox"/>		

Please provide a brief explanation of the reason for referral:

Next Of Kin/Emergency Contact

Full name:	
Full address:	
Tel:	
Relationship:	

Referrer's/Contact's Details

Full name:		Team/Agency/Organisation:	
Tel:			
Email:			

Additional Information

Safe to visit alone: Yes No

If no, please state why: _____

Risk of infection: Yes No

If yes, please specify: _____

Please include additional information relevant to this referral e.g. behavioural/mental health issues:

If You Require Feedback Please Complete	
Full name:	Email:
Consent For Referral	
<p>Verbal consent has been obtained to share the above information with BPRCVS for referral and contact.</p> <p><i>In accordance with GDPR the data the client has provided will be stored safely and securely. The purpose of this data allows the Social Prescribing Team to contact the client directly and offer support. All records are completely confidential and only Social Prescribers and NHS staff will have access to them. No information will be shared with third parties without prior agreement. This data will be stored no longer than funder's requirements. Please direct all clients to referring and recipient organisations for a copy their respective privacy policies and their rights as a data subject.</i></p> <p>BPRCVS Privacy Policy: https://www.bprcvs.co.uk/contactustoday/bprcvs-privacy-policy</p>	<input type="checkbox"/>

Please submit the completed referral form, with consent, to:

community.connector@nhs.net

