

Social Prescribing Team Referral Form



Date of Referral: Client Details Full name: Gender:						11	itegrat	.eu car	e bo	aru	
Full address: Full a	Date Of Referral:			Referral V	/ia:						
NHS number: Preferred language: Ethnicity:	Client Details										
Full address: Tel: 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? Referral Details Reason(s) for referral: Social Prescribers can connect people to community groups and statutory services for emotional and practical support Please provide a brief explanation of the reason for referral: Next Of Kin/Emergency Contact Full name: Full address: Tel: Referrer's/Contact's Details Refererer's/Contact's Details Full name: Tel: Referrer's/Contact's Details Team/Agency/ Tel: Medical isonable: Team/Agency/ Tel: Team/Agency/ Tel: Tenam/Agency/ Tel: Tel: Tenam/Agency/ Tel:	Full name:				Ger	nder:					
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	If yes, please spec	ify:									

Please include additional information relevant to this referral e.g. Schedule 1 Offenders, substance misuse, behavioural/mental health issues:									
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E. II.		Require Feedback Please Complete							
Full r	name:		Email:						
Consent For Referral									
	>>>	>>We cannot accept a	referr	al w	ithout consent<<	<<<			
Verbal consent has been obtained to share the above information with BPRCVS for referral and contact						Yes	No		
Verbal consent has been obtained to input information regarding the referral on the clients' GP medical records					Yes	No			
Verbal consent has been obtained to discuss the information on this form with other agencies in our case allocations meeting, including representatives from Integrated Neighbourhood Team (INT), Adult Social Care, Mental Health, Burnley Council, Housing, Age UK etc						Yes	No		
Plea	se stat	e below any agencies the person	n being i	referr	ed is NOT happy to share	their			

information with....

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.

BPRCVS Privacy Policy: https://www.bprcvs.co.uk/contactustoday/bprcvs-privacy-policy

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

community.connector@nhs.net

