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:		EMIS Ref:	
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 Prescribers can connect people to community groups and statutory services for emotional and practical support

Social isolation	☐	Training	☐
Depression/Anxiety	☐	Education	☐
Volunteering	☐	Financial issues	☐
Medical issues	☐	Housing	☐
Mental health issues	☐	Children & young people services	☐
Self-esteem/Confidence	☐	Veterans	☐
Other	☐		

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. Schedule 1 Offenders, substance misuse, behavioural/mental health issues:

	If You Require Feedback Please Complete			
Full name:		Email:		
	Consent For Referral			

>>>>>We cannot accept a referral without 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** ☐

Please state below any agencies the person being referred 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

Social prescribing for East Lancashire