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| **Wellbeing Enterprises CIC**  **Adult Referral Form – Wellbeing Review service** |
| **1. PERSON DETAILS (Please complete one referral form per patient, we cannot accept one referral for a couple for safeguarding reasons).**  **Does the person referred live in:**   |  |  | | --- | --- | | Halton | St Helens |   **Does the person referred require a home visit?**   |  |  | | --- | --- | | Yes | No |   **Does the person referred require a Primary Care Navigators Wellbeing Review for dementia?**   |  |  | | --- | --- | | Yes | No |  |  |  | | --- | --- | | **Name:** |  | | **Address (including postcode):** |  | | **Date of Birth:** |  | | **Contact number:** |  | | **GP Practice registered with:** |  |   **Please complete the following information with as much detail as possible.**   |  |  | | --- | --- | | **Reason for referral (e.g. what would the person like or benefit from?)** | . | | **Does the person have a history of mental health issues, substance misuse or offending behaviour?** |  | | **Does the person have a learning disability or any physical impairments?** |  | | **Does the person have any involvement with any other statutory services (e.g. social care or probation?)** |  | | **Any other relevant information** |  | |
| **2. REFERER DETAILS**   |  |  | | --- | --- | | **Name:** |  | | **Organisation:** |  | | **Organisation address (including postcode):** |  | | **Contact number:** |  | | **E-mail address:** |  |   **3. Risks**  **Potential risks**  **Are you aware of any potential risks we may need to be aware of to deliver this service to the individual? (Persons behaviour, state of property, location, pets etc.)**  **Yes / No**  **If yes please give more details** *...…………………………………………………………………………………………………………*  *…………………………………………………………………………………………………………...*  *……………………………………………………………………………………………………………*  **Potential Safeguarding Issues**  **Are you aware of any safeguarding issues that are relevant to this referral?**  **Yes / No**  **If yes, have they been referred to a social care safeguarding officer?**  **Yes / No**  **If yes to either question, please give more details:**  *………………………………………………………………………………………………………………*  *………………………………………………………………………………………………………………*  *………………………………………………………………………………………………………………* |
| **3. DECLARATION**  **Has the person referred given consent for this referral and for Wellbeing Enterprises to contact them via telephone?**   |  |  | | --- | --- | | Yes | No |  |  |  | | --- | --- | | **Signed:** |  | | **Date:** |  | |
| **Please return this completed form by:**   * **Emailing it to** [**wellbeing.enterprises@nhs.net**](mailto:wellbeing.enterprises@nhs.net) * **Fax it to 01928 551 922** * **Posting to Wellbeing Enterprises CIC, Bridgewater House, Old Coach Road, Runcorn, Cheshire, WA7 1QT**   **We will acknowledge your referral with a reply within two working days, and then contact you again once we have made contact with the person referred.**  INTERNAL USE ONLY   |  |  |  |  | | --- | --- | --- | --- | | Date referral received: |  | Approved by: |  | | Home visit approved: | Yes No | Date approved: |  | |