MEEBBB Health CIC

Merchant St Practice, St Paul's Way Medical Centre, Bromley By Bow Health Centre, St Andrews Health Centre, Stroudley Walk Health Centre

GP CARE GROUP

bromley by bow centre social prescribing service

Social Prescribing Service Referral Form

Email referrals to: socialprescribing.bbbc@nhs.net Enquiries: 020 8709 9848 / 07496 283 141

PATIENT NAME:	**REFERRAL DATE:**
Address:	NHS No:
Telephone Number:	Date of birth:
REFERRER NAME:	EMIS number
REFERRER POSITION:	Gender:
REFERRER EMAIL:	Ethnicity:
SURGERY/PRACTICE:	Is an interpreter needed? (if yes please state language)

REFER TO:	**IDENTIFIED NEED(S):**
☐ **Social Prescribing Link Worker** (patient contacted for needs assessment) ☐ **Macmillan Social Prescribing** (for adults who have or have had cancer) ☐ **Social Welfare Advice** ☐ **Employment advice**	☐ Weight management ☐ Increase exercise ☐ Healthy Eating ☐ Smoking, drugs, alcohol and other addictive behaviours ☐ Anxiety/Stress/Depression/Low mood ☐ Social Isolation ☐ Learning/Training/employment ☐ Money/Debt/Benefits ☐ Housing Issues
☐ **Fit for Life** (BMI above 30 or 27.5 if South Asian) 1) BMI: 2) Relevant significant medical history + drug history attached ☐ Yes ☐ No (if no, please fill out details in section below) ☐ I confirm that I have assessed the patient and they are suitable for the Fit for Life programme and can attend appropriate physical activity sessions	☐ Frequent attender?

REASON FOR REFERRAL: (include all relevant information including other agencies involved and state any health and safety risk)

IS THERE ANYTHING ELSE WE SHOULD KNOW PRIOR TO BOOKING A ONE-TO-ONE APPOINTMENT WITH THIS PERSON?

LONG TERM CONDITION/DISABILITY:

☐ I confirm I have discussed this referral with the patient and have their permission to pass on relevant health information about them.