



bromley by bow centre

Referrer Name
Referrer Address

St Leonard's Street
Bromley by Bow
London E3 3BT
T 020 8709 9700

SP Ref: 0000AA

Date

Dear

Re: client name, address and date of birth

**delete as necessary*

You referred/ your patient self-referred/ has been referred by **NAME OF REFERRER** on **DATE OF REFERRAL**. They have consented to sharing information with you.

WE HAVE ADVISED THEM TO SEE YOU REGARDING.....

We spoke to the client on **DATE of LEVEL 1.*

Actions taken:

- Referral to.....
- Signposted to.....
- Literature shared.....

The client attended an assessment on **INSERT DATE.*

Actions taken:

- Referral to.....
- Signposted to.....
- Literature shared.....

Please let us know if you would like any further information.

Yours Sincerely,

Anny Ash
Social Prescribing Manager
socialprescribing.bbhc@nhs.net
T: 0208 709 9848
M: 07496 283 141



Chair: Professor Ajit Lalvani
Chief Executive: Rob Trimble

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