**Telephone: 0300 303 9988**

**E-mail Address:** [provide.essexwellbeing@nhs.net](mailto:provide.essexwellbeing@nhs.net)

**Online referral link:** <https://www.essexwellbeingservice.co.uk/professionals/professional-referral>

Note: Provide services work to NHS Connecting for Health policies and can only send responses including patient identifiable details (PID) to email addresses that are approved by them. If you are not using an approved email address this may limit the response, we can make by e mail.

*Referrals sent into the Essex Wellbeing Service* ***must*** *contain the fields below, lack of information where requested may cause delays in your referral process.*

|  |  |
| --- | --- |
| Date of referral: | NHS Number: |
| **Client details** | |
| Forename: | Surname: |
| Date of Birth: | |
| Full address and Postcode: | Telephone:  Mobile:  Home:  Email:  Preferred method of contact: |
| Name of Proxy, NOK, parent, carer, or guardian details, where required if acting on the referred persons behalf: | Contact details: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Referrer details** (complete if not patient’s GP) |  | Select if patient’s GP | | | | |
| Name: | Job Role: | | | | | |
| Organisation/Service: | Telephone: | | | | | |
| **CONSENT:**  *I confirm that the client in question has agreed to the referral to the Essex Wellbeing Service and is happy to be contacted by the SPA (Single Point of Access)?*  *If you are referring to a client with a request for us to speak to proxy, NOK, parent, carer, or guardian. Please attach POA documents or otherwise confirm consent has been gained from the referred person.* | | |  | Yes |  | No |

|  |  |
| --- | --- |
| **Reason for referral** | |
| I would like to receive support from Essex Wellbeing Service for (please tick box): | |
|  | **Stop Smoking** |
|  | **Lifestyle Change (emotional health, drug and alcohol reduction, sleep, confidence, and self-esteem, physical activity)** |
|  | **Weight Management (exclusions – BMI less than 25, diagnosed and/or active eating disorder, kidney or heart failure, pregnancy, dementia, under 18, complex mental health diagnosis)** |
|  | **Low Carb Weight Management Programme (exclusions – Type 1 diabetes, diagnoses and/or active eating disorder, pregnant or breastfeeding, BMI less than 25, under 18)** |
|  | **Child Lifestyle Services (suitable for children aged between 4 and 17)** |
|  | **Debt and Benefits Support** |
|  | **Carers Support** |
|  | **Home Adaptations (grab rails, toilet raisers, bath rails)** |
|  | **Social Isolation (specialist befriending, local social clubs, connecting with the community)** |
|  | **Employment Support (developing employability skills, adult learning)** |
|  | **Support to Improve Mobility (seated exercises, walking clubs)** |
|  | **Healthy Balance, Strength, and Balance Exercises *(Mid Essex Only)*** |
|  | **Home Safety and Security (fire service assessment, care call support)** |
|  | **Other – please enter other reason in text box below:** |
|  | **Supporting information regarding your client and the reason for your referral:** |