**Family Action North East Hampshire and Farnham Social Prescribing**

**Self- Referral Form**

To enable us to understand your needs and provide the best service possible, please complete this form and provide as much information as you can.

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| **PLEASE COMPLETE ALL BOXES** | | | | | | | | | | | | | | | | | | | | | | | |
| Name | Ms | |  | | Mrs |  | | Dr |  | Other specify | |  | | | | | | Gender | | | Male | |  |
| Miss | |  | | Mr |  | | Prof |  | Female | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | Postcode | | |  | | | |
| Registered GP Address | |  | | | | | | | | | | | | | | | Postcode | | |  | | | |
| Telephone | | 1 | |  | | | | | | | | | | 2 |  | | | | | | | | |
| Email address | |  | | | | | | | | | | | | | | Date of birth | | |  | | | | |
| Communication needs e.g. email only, interpreter required | | | | | | |  | | | | | | | | | | | | | | | | |
| Nature of disability & / or health condition | | | | | | |  | | | | | | | | | | | | | | | | |
| Reasons for referral  Mark all that apply with an ‘**X**’ | | Socially Isolated | | | | | | | | |  | | Recent hospital admission | | | | | | | | |  | |
| Support with a Child, Young Person and family | | | | | | | | |  | | Long term health condition | | | | | | | | |  | |
| Mild- moderate mental health problem | | | | | | | | |  | | Keen to participate in non-clinical activities but not aware of what’s happening locally | | | | | | | | |  | |
| Support with a Social need | | | | | | | | |  | | Weight management | | | | | | | | |  | |
| Care needs | | | | | | | | |  | | Other-Please specify below | | | | | | | | |  | |

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| Please describe the problem or situation you need help with |  | | |
| Any important dates & / or timescales to be aware of? | |  | |
| Relevant medical conditions (e.g. long term conditions) | |  | |
| Are you currently receiving support from any other organisations? If YES, please provide further details. | | |  |

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| Access requirements e.g. home visit required | |  | | |
| Accommodation Issues e.g. has pets, lives on 3rd floor of block of flats | |  | | |
| Do you live alone? | Yes | | If yes, please provide details: |  |
| No | |
| Is it ok to contact you at home? | Yes | | If no, please provide details: |  |
| No | |
| Do you have caring responsibilities? | Yes | | If yes, please provide details: |  |
| No | |
| Other information you would like to share? |  | | | |

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| Demographic Information | | | | | |
| **Ethnicity** | | | | | |
| **White** | English / Welsh /Scottish / Northern Irish / British |  | **Mixed / Multiple Ethic Groups** | Any other mixed/multiple ethnic background |  |
| Any other white background |  | White and Black African |  |
| Irish |  | White and Black Caribbean |  |
| Gypsy or Irish Traveller |  | White and Asian |  |
| Eastern European |  | **Other Ethnic Groups** | Arab |  |
| **Asian or Asian British** | Bangladeshi |  | Any other Ethnic background |  |
| Chinese |  | **Black / African / Caribbean / Black British** | African |  |
| Indian |  | Caribbean |  |
| Pakistani |  | Any other Black background |  |
| Afghan |  | **Not Stated** | Prefer not to say |  |
| Any other Asian background |  | Not known |  |

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| **Sexual Orientation** | | | |  | **Religion** | | | |
| Heterosexual |  | Bisexual |  |  | Christian |  | Muslim |  |
| Gay |  | Other |  |  | Buddhist |  | Sikh |  |
| Lesbian |  | Prefer not to say |  |  | Hindu |  | None |  |
|  |  |  |  |  | Jewish |  | Prefer not to say |  |
| **Gender** | | | |  | Other (please specify) |  | | |
| Male |  | Transgender |  |  |  |  | | |
| Female |  | Prefer not to say |  |  |  |  | | |

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| **Self-referral** | **I agree to Family Action Social Prescribing Service contacting me regarding this referral and holding my personal data and information confidentially on their database.** | | |
| **Please indicate your communication preferences** | * **Email** * **Telephone** * **Mobile Phone** * **Text** * **Post** | | |
| **Your signature** |  | **Date** |  |

|  |  |
| --- | --- |
| **How did you find out about the Family Action Social Prescribing service?** |  |

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| Please email this form to: [frimleyccg.socialprescribingfamilyaction@nhs.net](mailto:frimleyccg.socialprescribingfamilyaction@nhs.net)  Alternatively please return to:  Family Action, Centaur House, Ancells Business Park, Ancells road, Fleet. GU51 2UJ |

For further details on how your information is used, how we maintain the security of your information and your rights to access or erase information we hold on you, please view our full Privacy Policy on our website [Family Action Services Privacy Note](https://www.family-action.org.uk/services-privacy-notice/)  or contact us on **01252 978 559** or email via [frimleyccg.socialprescribingfamilyaction@nhs.net](mailto:frimleyccg.socialprescribingfamilyaction@nhs.net) to request a paper version.