Text

Description automatically generated with medium confidence**Children & Young Persons Social Prescribing**

**Referral Form**

If you are unsure about your referral and would like to talk with a member of the team,

please call West Sussex Mind’s Help point team on 03003035652 (Mon-Fri, 10am to 4pm)

or email **wsxccg.chanctonbury.mind@nhs.net**

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| --- | --- | --- | --- | --- | --- |
| **Client Details** | | | | | |
| **Name:** |  | | | **Address:** | |
| **D.O.B:** |  | | |
| **Landline:** |  | | |
| **Mobile:** |  | | |
| **EMAIL:** |  | | |
| **Please tell us the preferred method of contact of the patient:** *tick a box below* | | | | | |
| **Landline:** | | **Mobile:** | **Text:** | **Email:** | **Post:** |
| **If calling a landline or mobile, is it ok to leave a voice message?** | | | | | **Yes/No** |

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| **Referral Details** |
| **Do you (or have you in the past) receive any support from any other services?**  (e.g. CAMHS, Aspens, YES, Find It Out, YMCA Dialogue etc) |
| **Reason for the referral –** please provide us with a brief overview of the reason you’re completing this form, this can include historical and current concerns around your wellbeing and mental health: |
| **Would you like the mental health social prescriber to be made aware of anything else, when it comes to arranging an assessment?**  **(i.e physical health disabilities, first language spoken, access needs etc)** |

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| **Referral Consent** | |
| ***Please be aware that by making this referral, we’ll also inform your GP that you’ve made this referral for support and we’ll make notes on the GP system, informing them of any contact with have with you.*** | |
| ***Please sign here to confirm this is a self-referral:*** |  |
| **GP’s Name :** |  |
| **Surgery Name:** |  |
| *The information given on your application to receive Pathfinder services will be used for assessing your needs and the services you may benefit from. The information you give us will be kept confidential and your personal information will not be disclosed to third parties without your prior consent except where required by law. Access to sensitive personal data is strictly controlled and confined to staff with responsibilities in these areas. Any personal information collected by Pathfinder partners will be used in accordance with the General Data Protection Regulations (GDPR) 2018. Please see our Data Protection Policy for more information.* | |

**Once this form is completed, please email it to: wsxccg.chanctonbury.mind@nhs.net**