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| **About this Form** |
| **This form should be used to refer patients aged at least 16 years old.****Referral forms can be securely emailed to** **vitahealthgroup.refer.bb@nhs.net** **or (**[**self**](https://gateway.mayden.co.uk/referral-v2/0928eaf2-38d6-4a3c-ad7e-aeea81be22ba) **&** [**assisted forms**](https://gateway.mayden.co.uk/referral-v2/f0dc6cbf-76a7-446d-9abd-2e702d5c4ac0) **available online).** |

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| **Patient Consent** |
| By submitting this form, you confirm that the patient has given consent for this referral, and you have informed the patient about how their information will be used except where a best interest decision has been made. Please select from the dropdown list below: |
| I confirm that:  |  Choose an item. |

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| **Patient Information** |
| Title:  | Choose an item. | First Name: |       | Surname: |       |
| NHS Number: |       | DOB: |       | Gender: | Choose an item. |
| Address: |       | Contact Information: | Consent to: |  |
| Email: |       | Send emails? | ☐ Yes / ☐ No  |
| Home: |       | Leave voicemail? | ☐ Yes / ☐ No  |
| Mobile: |       | Leave voicemail? | ☐ Yes / ☐ No  |
| Send SMS? | ☐ Yes / ☐ No  |
|  | Preferred language (English) ☐ Yes / ☐ No |
| Disability: (please tick if appropriate) |
| ☐ Visual | ☐ Speech | ☐ Learning | ☐ Mobility | ☐ Other: |       |
| ☐ Peri-Natal | ☐ Military Veteran | Ethnicity: | Choose an item. |  |

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| **Referrer and GP Information** |
| Referring Service: | Choose an item. | If other, please state: |       |
| Name of Referrer: |       | Contact Telephone: |       |
| Date of Referral: |       | Contact Email: |       |
| GP Practice: |       | GP Name: |       |

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| **Referral Background** |
| **Reason for referral, including any screening questionnaire scores:** |
|       |
| **Mental health history; current or past risk to self or others; safeguarding issues (if applicable):** |
|       |
| **Long-Term Condition and Bespoke Long-Term Condition Course that the patient is being referred for:** |
| ☐ | Type 1 Diabetes | ☐ | Living Well with Diabetes course |
| ☐ | Type 2 Diabetes | ☐ | Living Well with Diabetes course |
| ☐ | Cardiovascular condition | ☐ | Living Well with Cardiovascular Conditions course |
| ☐ | Chronic Obstructive Pulmonary Disease | ☐ | Living Well with Respiratory Conditions course |
| ☐ | Long COVID | ☐ | Living Well with Respiratory Conditions course |
| ☐ | Asthma | ☐ | Living Well with Respiratory Conditions course |
| ☐ | Musculoskeletal Pain | ☐ | Living Well with Pain course |
| ☐ | Irritable Bowel Syndrome (IBS) | ☐ | Living Well with IBS course |
| ☐ | Other LTC (please state: ) | ☐ | Generic LTC course |
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| Main mental health concern | ☐ Depression☐ Anxiety |