Longfield Wellbeing Services Referral Form 

Burleigh Lane, Minchinhampton, GL5 2PQ

Tel: 01453 733706 or email longfield.8jg76@nhs.net

Referral forms are available to download from the Longfield website: www.longfield.org.uk

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| **Date:**  | **NHS No:** | **Referral taken by:** *(please print)* |
| Surname: Gender: | Does Client consent to referral? Yes o No oConsent to the sharing of data recorded at Longfield with any organisations that may care for the patient? (i.e NHS) Yes o No oConsent to Longfield viewing data recorded at any other organisations that may care for the patient? (i.e NHS) Yes o No oConsent to be added to the mailing list to receive future Longfield Information? Yes o No oAre you a: (please tick)Patient oCarer/ Family member oBereaved o |
| First Name: DOB: |
| Address:Postcode:Tel: Mobile:Can we leave a message?Will you accept withheld numbers?Email address:How did you hear about Longfield? |
| **Is GP aware of referral** Yes ¨ No ¨ GP Name: Surgery: | **Name of referrer (please print)**Job Title**:**GP/Surgery or Hospital:Contact No: |
| **Client Next of Kin/ Emergency Contact**Name:Address:Postcode: Tel:Relationship: | **Primary Diagnosis:** |
| **Medical & Psychiatric History/ Treatments.** |
| What are you interested in accessing at Longfield Wellbeing Centre? If you are not sure, please tick triage (Please tick)Complementary Therapies CounsellingPhysiotherapy Bereavement CounsellingLiving well with Fatigue & Breathlessness Group Stronger Together (Bereaved only)Move More Programme Walk & Talk (Bereaved only)Tai Chi Movements for wellbeing Family & Carers SupportCarer’s café My Grief Journey through ArtCreative Space Bereavement Friendship CafeRelaxation Programme Fork & Talk Being In Nature Bereavement Support GroupIntroduction to Nordic WalkingCreative WritingMindsong Triage |
| **Is Transport Required?** Yes ¨ No ¨ **Mobility (Include any walking aids):****Volunteer transport information: (check any walking aids, any issues with parking, getting in and out of a normal car)** |
| **Any allergies or intolerances:** |
| **Any concerns of the client or family / carers, or other information relevant to this referral:** |