LongfieldWellbeing Services Referral FormA picture containing text, sign, night sky

Description automatically generated

Burleigh Lane, Minchinhampton, GL5 2PQ

Tel: 01453 733706 or email [longfield.8jg76@nhs.net](mailto: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 o  Consent to the sharing of data recorded at Longfield with any organisations that may care for the patient? (i.e NHS) Yes o No o  Consent to Longfield viewing data recorded at any other organisations that may care for the patient?  (i.e NHS) Yes o No o  Consent to be added to the mailing list to receive future Longfield Information? Yes o No o  Are you a: (please tick)  Patient o  Carer/ Family member o  Bereaved 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)**     |  |  |  | | --- | --- | --- | | **Services available for Patients** | **Services available for Carers** | **Services available for the Bereaved** | | Being In Nature | Being In Nature | Bereavement Friendship Cafe | | Complementary Therapies | Carer’s café | Bereavement Support Group | | Cooking for inspiration | Complementary Therapies | Bereavement Counselling | | Counselling | Cooking for inspiration | Cooking for inspiration | | Creative Space | Counselling | Fork & Talk | | Creative Writing | Creative Space | Ladies Group (in development) | | Introduction to Nordic Walking | Creative Writing | Men’s Group | | Ladies Group (in development) | Family & Carers Support | My grief journey through art | | Living well with Fatigue & Breathlessness Group | Fork & Talk | Stronger Together | | Men’s Group | Introduction to Nordic Walking | Walk & Talk | | Mindsong | Ladies Group (in development) | Young Person's Group 18 - 50  (in development) | | Move More Programme | Living well with Fatigue & Breathlessness Group |  | | Physiotherapy | Men’s Group |  | | Relaxation Programme | Mindsong |  | | Tai Chi Movements for wellbeing | My life, My death (in development) |  | | Young Person's Group 18 - 50 (in development) | Relaxation Programme |  | | Your Life, Your death | Tai Chi Movements for wellbeing |  | |  | Young Person's Group 18 - 50  (in development) |  | | Triage | Triage | Triage | | | |
| **Are you able to transport yourself to Longfield?** 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:** | | |