 Self-Referral Form

Community Connectors

A **free mental health** service for adults aged **16+,** supporting patients to access services and activities in their local **community** that may help improve their **health** **and wellbeing**

| Client Details: |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |
| GP Name: |  | Address: |  |
| Surgery: |  |
| NHS Number: |  | Post Code: |  |
| Date of Birth: |  | E mail: |  |
| Are you on the Autistic Spectrum? YES ☐ NO ☐ | | Telephone: |  |
| Do you feel that you are at risk to yourself or anyone else (*please add comments if yes*)? | | Preferred method of contact: | |
| Are you a carer? | YES ☐ NO ☐ |

| Social Prescribing Support follow up 🗹 below:  **What would you like support with?** | |
| --- | --- |
| Health & Wellbeing ☐ | Volunteering **☐** |
| Leisure & Activities ☐ | Housing **☐** |
| Education & Training ☐ | Employment **☐** |
| Finance & Debt ☐ | Social Networks **☐** |
| Support to attend Physical Health Check ☐ | Healthier Lifestyle **☐** |

**By sending this referral you are consenting to being contacted by a Community Navigator and agree that they may share relevant information with your GP**

Please email this form to [**social.prescribing@nhs.net**](mailto:social.prescribing@nhs.net)or leave at the reception of your GP’s. Alternatively you can post this to **Community Connectors Unit A5, Chaucer Business Park, Polegate, BN26 6QH**