



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 <input type="checkbox"/> NO <input type="checkbox"/>	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 <input type="checkbox"/> NO <input type="checkbox"/>

Social Prescribing Support follow up below:

Health & Wellbeing	<input type="checkbox"/>	Volunteering	<input type="checkbox"/>
Leisure & Activities	<input type="checkbox"/>	Housing	<input type="checkbox"/>
Education & Training	<input type="checkbox"/>	Employment	<input type="checkbox"/>
Finance & Debt	<input type="checkbox"/>	Social Networks	<input type="checkbox"/>
Support to attend Physical Health Check	<input type="checkbox"/>	Healthier Lifestyle	<input type="checkbox"/>

What would you like support with?

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 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**