**Individual’s Details**

Full Name:

Address:

Postcode:

D.o.B:

Gender:

NHS No.:

Telephone No.:

Mobile No.:

Email Address:

Consent to Use Address: Yes  No

Consent to Leave Voicemail: Yes  No

Consent to Leave Voicemail: Yes  No

Consent to Text: Yes  No

Consent to Email: Yes  No

Have they accessed the following services: IAPT  The Network  Linkworking Team

Other • Please Specify: ……………………………………………………….

Have they accessed the Barnet Wellbeing Hub before? Yes  No

If Yes, when did they access it? (MM/YYYY)

Is an Interpreter Required: Yes  No  If Yes, which language?

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**Referrer’s Details**

Name: Address:

Job Title:

Contact Number:

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**GP Details**

GP Name: Address:

Consent to Contact GP: Yes  No

**-----------------------------------------------------------------------------------------------------------------------------------------------------------**

**Emergency Contact**

Full Name: Contact No:

Relationship:

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**Reason for Referral – Desired Outcomes**

Any physical/

Mental health

issues we

need to

Know about?

Risk (Past/Present, Risk of Harm to Self, to/from Others, Self-Neglect/Neglect of Others, Alcohol/Drug Use)

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**Emotional Health Check**

Has an Emotional Health Check Been Completed:Yes  No

**Outcome of Emotional Health Check**

|  |  |  |
| --- | --- | --- |
| Issues | Benefits (Goals) | Actions |
|  |  |  |
|  |  |  |
|  |  |  |

Signature: Date:

**Once completed please send all referrals to:** [**referrals@barnetwellbeing.org.uk**](about:blank)

**OR post to:** c/o Barnet Wellbeing Hub, Meritage Centre, Church End, Hendon, London, NW4 4JT.

If you have any queries please contact us on: **03333 449 088** or email us at **info@barnetwellbeing.org.uk**

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**FOR OFFICE USE ONLY:**

Individual’s ID Number: Wellbeing Navigator:

Date of Referral: \_\_ / \_\_ / \_\_\_ \_