SOURCES OF SUPPORT SELF REFERRAL FORM

Name:	
Date of Birth:	
Address: **Telephone number:** **Email address:**	
GP Practice:	
GP Name:	
Reason for Referral:	☐ **- Mental Wellbeing Support** ☐ **- Activities of Daily Living** ***(structure, routine, self care,)*** ☐ **- Social Isolation** ☐ **- Community Groups** ☐ **- Family Support** ☐ **- Financial advice** ***(referral on to appropriate agencies; this includes benefit check)*** ☐ **- Housing Advice** ***(complete applications, referral on to appropriate agencies)*** ☐ **- Support to promote self care ie: improve how you look after yourself** ☐ **- Carers Support** ☐ **- Training / Volunteering** ☐ **- Employability** ☐ **- Practical Issues** ☐ **- Physical Activity** ☐ **- Other**
Exclusion criteria	**Some patient's needs will not be best met by our service and are not suitable for link worker support. We advise that if you are seeking support for the issues below to contact your GP Practice and/or look at the GP practice website for information about services which can help.**

	• **Support with unmanaged/unsupported substance use issues.** • **Support due to experiencing a mental health crisis, including acute episodes of psychosis.** • **You must be over 16 years old to access the service.**
Please add any other information regarding the support you require.	
Do you have any of the following?	☐ **- Hearing Difficulties** ☐ **- Blindness / Partially Sighted** ☐ **- Speech Difficulties** ☐ **- Require an interpreter** ☐ **- Learning Difficulty** ☐ **- None of the above**
Are there any concerns related to risk that we need to be aware of?	***e.g.Risk to/from others, self harm, mobility issues***
Do you have any other support networks?	***e.g. agencies/services, family etc***
I have read and understood the Sources of Support exclusion criteria and by doing so, I believe I meet the criteria and give consent to Sources of Support contacting me ☐ *Please tick*	
Signature:	
Date of referral:	

Please email the referral to: tay.sourcesofsupport@nhs.scot

Should you have any queries please contact the office on – 01382 496754.

Dundee
Health & Social Care
Partnership