



Social Prescribing

for NHSE and NHS Trust trainees



Social Prescribing for NHS England & NHS Trust Trainees - Referral Form

About you

First name	
Surname	
Preferred name	
Date of birth	
Gender (optional)	
NHS number (if known)	
Full address with postcode	If you are currently living outside the UK, please tell us your overseas address
Telephone Number	
Email address	

How did you hear about our service?

For example: received an email, attended a presentation, heard about it from a peer or from your TPD

About your training

Which training Scheme are you aligned to or been offered a place on?	<i>Please tell us the location and the specialty</i>
Which ST year are you in?	<i>Please state 'incoming' if you have not yet started your training</i>

About your support needs

In a few words, please provide a brief summary of the type of support you are looking for

Reasonable adjustments/health conditions:

We are committed to ensuring our referral processes are fair and accessible to all.



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Please tell us if you require any reasonable adjustments that will support with neurodiversity, disability or health difficulties. This will help us to make things more comfortable for you during your appointment and in how we communicate with you.

The information provided will be treated in strict confidence, will not be shared with any TPDs, supervisors or with the Deanery and will only be used for the purpose of making appropriate adjustments.

Your consent preferences

Your Social Prescribing Link Worker is required to record information about the care and advice provided by our service. Our electronic record system is SystmOne.

SystmOne is able to share information about your care between clinical teams. You can control which teams and organisations your information is shared with. This is called the Enhanced Data Sharing Model or eDSM. Please see the additional information on sharing in and sharing out and your options.

You have a choice about what information is shared with others - and if you have concerns, you can use 'share in/out' options to restrict what data can be accessed by whom. You can always change your mind at a later date if additional information was needed to support you.

'Share In'	This would prevent our team seeing health information from other S1 units (e.g. your GP).	<i>Please type Yes if you agree to Share In Or NO if you do not consent to this</i>
'Share out'	This would prevent information our team recorded on our S1 unit, being shared with other S1 units (e.g. your GP).	<i>Please type Yes if you agree to Share Out Or NO if you do not consent to this</i>

Click link for the Humber Electronic Health Record Leaflet

<https://intranet.humber.nhs.uk/downloads/Our%20Teams/Information%20Governance/SystmOne%20-%20Your%20Electronic%20Health%20Record.pdf>

Please could you also confirm whether you are happy to provide consent for text messages (e.g. appointment reminders) from the service	<i>Please type Yes if you agree to receiving text messages Or NO if you do not consent to this.</i>
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Four measures of personal well-being

Please complete the following questions about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions please can you give an answer on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely".

We will revisit the questions during your appointments.



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Measure	Question	Score
Life Satisfaction	Overall, how satisfied are you with your life nowadays?	
Worthwhile	Overall, to what extent do you feel that the things you do in your life are worthwhile?	
Happiness	Overall, how happy did you feel yesterday?	
Anxiety	Overall, how anxious did you feel yesterday?	

Additional support for your family

We can also support your direct family members. Please include all the contact details of any family members who would be interested in accessing support from our team.

(Continue in space below for multiple dependents who require support).

First name		
Surname		
Preferred name		
Date of birth		
Gender (optional)		
NHS number (if known)		
Full address with postcode		
Telephone Number		
Email address		
Relationship to you		
Is the person aware of the referral and is happy to have a referral created on our electronic record system SystemOne? <i>Please type Yes or No</i>		
In a few words, please provide a brief summary of the type of support your family member is looking for		