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| CLW logo final (2) |
| Community Living Well Referral Form |
| **Please email referral to:** [**cnw-tr.clw@nhs.net**](mailto:cnw-tr.clw@nhs.net) **| Call 020 3317 4200 for advice on referrals.**  **Referrals can also be posted to: Violet Melchett, 30 Flood Walk, London SW3 5RR** |
| *Community Living Well offers easy access to a range of clinical and wellbeing services to support social, physical and mental wellbeing for people aged 16 years and over, who are registered with a GP Practice in Kensington and Chelsea, or the Queen’s Park and Paddington areas of Westminster. The service is for people with mental health needs who are supported in primary care by their GP, and for carers of people who meet the service criteria. Please see section 4 for an overview of the services available.*  *We will make initial contact with the person referred within 5 working days of the date of the referral. Community Living Well is not a crisis service and if the person needs urgent help, is high risk, or has complex needs, please consider a referral to the CNWL SPA on 0800 023 4650. The service is not for people in secondary care or who are under the care of a Community Mental Health Team. Please see section 7 for further notes for referrers.* |

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| **1. CLIENT DETAILS** | | |  | **2. REFERRER DETAILS** | |
| **Last Name:** |  | |  | **Name:** |  |
| **First Name:** |  | |  | **Job Title:** |  |
| **NHS No:** |  | |  |
| **Address:** |  | |  | **Service Name:** |  |
| **Telephone:** |  |
| **Preferred contact method:**  Phone / E-mail / Letter | | |  | **Email:** |  |
| **Home Number:** |  | |  | **3. GP Practice** | |
| **Mobile Number:** |  | |  | **GP Name:** |  |
| **Email:** |  | |  |
| **GP Practice Name:** |  |
| **DOB:** |  | |  |
| **Gender:** |  | |  | **GP Address:** |  |
| **Ethnicity:** |  | |  |
| **Interpreter/**  **Signer** | ☐ Yes ☐ No | |  |
| **Language:** |  | |  |  |  |
| **Details of mental health needs and diagnosis.** | |  | | | |
| **Is the person you are referring a carer of someone who meets the service criteria?** | | ☐ Yes ☐ No | | | |

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| **4. WHICH SERVICE(S) ARE REQUIRED?** | | | |
| **SERVICE** | **DESCRIPTION** | | **Tick** |
| **Navigator Service**  *(please tick the relevant support options required)* | Practical support with a range of issues including benefits, debt, housing options, access to health and social care services, rights and entitlements. | |  |
| Support to access specialist advice and information. | |  |
| Support to take steps to improve physical and mental wellbeing. | |  |
| **Employment Support**  *(please tick the relevant support options required)* | Help to find work or improve employability skills (currently unemployed and committed to preparing for work/finding work). | |  |
| Support to retain work (currently employed but struggling at work, or on sick leave). | |  |
| **Peer support** | Peer-led and peer-facilitated activities, to help people share and develop skills and strategies to self-manage and maintain emotional and physical wellbeing. Activities include social, online, group and 1-2-1 peer support, workshops and peer support training. | |  |
| **Mother Tongue Counselling (Arabic & Farsi)** | 1-2-1 counselling, wellbeing groups and workshops around mental and emotional health in Arabic and Farsi. Self-referrals can be made via the website communitylivingwell.co.uk or by GP referral. For people 18+. | |  |
| **Psychological Therapies** | To help people if they are stressed, worried or low in mood. We can also help individuals who are adjusting to having a new baby or those who need help to live with long term conditions. Self-referrals can be made via the website communitylivingwell.co.uk or by GP referral. For people 18+. | |  |
| **Primary Care Liaison Nurse** | Specialist support by mental health nurses with access to Primary Care Psychiatry. ***This service is available by GP referral only.*** *For people aged 18+* | | |
| **5. KEY CLINICAL INFORMATION & PURPOSE OF REFERRAL** | | | |
| Please describe the reason(s) for your referral including the specific issues the individual would like support with and the kind of support they need. Incomplete referrals will be returned to the referrer. | | | |
| **6. Where the answer is ‘Yes’ to any of the following aspects of the individual’s history, please add details:** | | | |
| Current risk of suicide attempt,  self-harm or harm to others? | | ☐ Yes ☐ No Details: | |
| History of risk to self or to others? | | ☐ Yes ☐ No Details: | |
| Currently receiving any medication for  Mental health? | | ☐ Yes ☐ No Details: | |
| Any relevant mental health history? | | ☐ Yes ☐ No Details: | |
| Has the person received previous  Psychological therapy? | | ☐ Yes ☐ No Details: | |
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| **Notes for referrers:**  For self-help guidance and more information, please visit the Community Living Well website: [**communitylivingwell.co.uk**](http://communitylivingwell.co.uk)  Community Living Well Services are delivered from the Integrated Health and Wellbeing Hubs at Violet Melchett Health Centre, Gertrude Street (South Hubs) and St Charles Centre for Health (North Hub), and a range of other community venues. | | | |