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| CLW logo final (2) |
| Community Living Well Referral Form |
| **Please email Talking Therapy (clinical) referrals to:** [**cnw-tr.clw@nhs.net**](mailto:cnw-tr.clw@nhs.net)  **Please email all other (wellbeing) referrals to:** [**wlccg.clwwellbeing@nhs.net**](mailto:wlccg.clwwellbeing@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.* ***Note****: Talking Therapies 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. Please see section 7 for further notes for referrers.* |

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| **1. CLIENT DETAILS** | | |  | **2. REFERRER DETAILS** | |
| **Title** (Mr, Miss, Ms, Mrs, Mx etc.) |  | |  | **Name:** |  |
| **Last 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. | |  |
| **Young Adult Navigator Service**  *(16-25 years old, registered with a K&C GP)* | A range of support to help 16-25 year olds manage their overall wellbeing including Information, Advice & Guidance, social prescribing, coaching/mentoring, action planning and access to specialised services. Ideal for those with unmet needs, low mood, low motivation, depression, anxiety, CAMHS leavers and care leavers. | |  |
| **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 support groups, wellbeing workshops and activities with other people who have had similar experiences to you; organised to help improve your emotional wellbeing and resilience. | |  |
| **NHS Talking 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. | |  |
| **Community Mental Health Hubs** | Specialist mental health care and support. ***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 (please refer to SPA) ☐ 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: | |
|  | | | |
| **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 Community Mental Health Hubs in Kensington, Chelsea, Queen’s Park and Paddington, St Charles Centre for Health and Wellbeing, and a range of other community venues. | | | |