**Health and Wellbeing Coaching Referral Form**

|  |  |
| --- | --- |
| *Date of referral:* |  |
| *Referrer details: (name, e-mail, organisation, contact number)* |  |

***Essential info****(this is the minimal information we need to be able to accept a referral)*

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Last Name: |  |
| Date of Birth: |  | Contact Number(s): |  |
| Address: |  | E-mail (if available): |  |
| Postcode: |  |  |  |
| Has this person consented to this referral? *(please ensure you have consent before referring)* | | Yes/ No | |
| Health Conditions | |  | |
| Reason for referral/ changes they wish to achieve: | |  | |
| GP Surgery: (this information is used to be able to connect with relevant support) | |  | |
| Are you aware of any **risks** involved in supporting the person? | | Yes (please give details)/ No/ Unknown: | |
|  | |  | |

***Additional info****(not essential but helpful if you can provide us with this):*

*for example: other support in place; any care package involved.*

Complete and return this form to [wellbeing.coaches@nhs.net](mailto:towellbeing.coaches@nhs.net) or call the Shoreditch Trust main referrals number on 020 7033 8500

The Health & Wellbeing Coach service is provided by Shoreditch Trust, 12 Orsman Road, London, N1 5QJ. We observe strict rules and regulations about handling people's data. You can find out more about this by visiting our website [Shoreditch Trust | Shoreditch Trust Privacy Policy](https://www.shoreditchtrust.org.uk/privacy-policy/) or contacting us for more details.