**About You**

Full Name: Address:

D.o.B:

Gender: Postcode:

Do you work in Barnet? Yes No Consent to Use Address: Yes No

Telephone No.: Consent to Leave Voicemail: Yes No

Mobile No.: Consent to Leave Voicemail: Yes No

Consent to Text: Yes No

Email Address: Consent to Email: Yes No

Is an Interpreter Required: Yes No If Yes, which language?

How did you find out about the Wellbeing Hub?

Have you accessed the following services: IAPT The Network Linkworking Team

 Other Please Specify: ……………………………………………………….

Have you accessed the Wellbeing Hub before? Yes No

If yes, when did you access it? (MM/YYYY)

Do You Have a Preference for Which Service to be introduced to?

Yes No

If Yes, please let us know which service(s) you prefer:

--------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**GP Details**

GP Name: Surgery Details:

Consent to Contact GP: Yes No

--------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Emergency Contact**

Full Name:

Relationship:

Contact No:

----------------------------------------------------------------------------------------------------------------------------------------------

**Reason For Referral:**

Desired Outcome/s:

Is there anything else you would like to let us know about? Prefer not to say.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Once completed please send all referrals to: info@barnetwellbeing.org.uk**

**OR post to:** c/o Barnet Wellbeing Hub, Meritage Centre, Church End, Hendon, London, NW4 4JT.

For further information and queries please contact us on: **03333 44 9088** or email us at **info@barnetwellbeing.org.uk**

----------------------------------------------------------------------------------------------------------------------------------------------

**FOR OFFICE USE ONLY:**

Individual’s ID Number: Date of Referral: \_\_ / \_\_ / \_\_\_\_

Has the individual taken up an EHC: Yes No Wellbeing Navigator:

**Outcome of Emotional Health Check**

|  |  |  |
| --- | --- | --- |
| Issues | Benefits (Goals) | Actions |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |