

Social Prescribing - Referral Form

The North Norfolk Help Hub is a multi-agency partnership of statutory, voluntary and community organisations. It works collaboratively to offer practical support, advice and guidance to people with complex needs that are adversely affecting their physical, mental, social or financial wellbeing.

Details of the person to be referred:

Title:		First Name:		Surname:	
Address:					
Post Code::					
Landline No.:		Mobile:			
Email Address:				D.O.B.	
Preferred method of contact					
GP Surgery:			NHS Number		
Name of Person making referral:					
On behalf of Organisation:					
Date of Referral:					

<input type="checkbox"/>	The above person is a member of the Armed Forces Community, i.e. a Serving Person, Reservist, Veteran or an immediate family member of
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<input type="checkbox"/>	The above person verbally consents to being referred to the Living Well Team and for the information on this form to be shared for the purpose of making a referral to other appropriate statutory or voluntary organisations that may be able to provide advice or support. They also understand that they can withdraw this consent at any time.
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Please list any other agencies already supporting this person

Name:		Agency:	
Tel No.:		Email:	

Name:		Agency:	
Tel No.:		Email:	

We will do our best to keep you informed on the progress of this referral. If you would like to be kept up to date on the outcome of this referral, then please add your contact details here:

Name:		Role:	
Tel No.		Email:	

In order for us to best support this person, please provide more information against the reason select for the referral.

Please detail the reason for the referral as fully as possible:

Please select the reason for the referral		Please detail any useful information to support your referral here
<input type="checkbox"/>	Abuse/Exploitation	
<input type="checkbox"/>	Benefit Advice	
<input type="checkbox"/>	Carers Support	
<input type="checkbox"/>	Employment/Learning	
<input type="checkbox"/>	Financial Advice	
<input type="checkbox"/>	Long Term Health Condition Management/ Support	
<input type="checkbox"/>	Home Adaptation /Assistive Technology	
<input type="checkbox"/>	Housing Conditions	<p>We have no influence over Homelessness, social housing re-location, position on waiting list or re-banding. Please contact housing@north-norfolk.gov.uk or call 01263 516375 for this.</p>
<input type="checkbox"/>	Local Opportunities for Leisure Interests	
<input type="checkbox"/>	Mental Health	
<input type="checkbox"/>	Social Isolation	
<input type="checkbox"/>	Substance Misuse	
<input type="checkbox"/>	Wellbeing	
<input type="checkbox"/>	Other	

Please detail any additional information or special arrangement we need to take into account including any risks associated with this client we need to be aware of e.g. [Unable to read/write](#), [English is not the first language](#), [Do not visit alone](#), [Animals are at the property](#) etc.

Please return completed form to: social.prescribing@north-norfolk.gov.uk