

Wellbeing Lincs Referral Form



In order to be eligible for Wellbeing Lincs, please ensure:

- Consent has been given by the customer
- Referrals meet 4 out of the 13 criteria
- Persons are aged 18 or over

If you have any questions or need help completing this form please contact the Wellbeing Lincs Helpline on **01507 613126** or email wellbeinglincs@e-lindsey.gov.uk

If you would prefer to make a referral by telephone please call **01522 782140**.

Please note boxes marked with * are mandatory and must be completed

<p>Criteria:</p> <p>Please tick at least 4 criteria that apply and use the space beneath each item selected to explain how the criteria has been met.</p>	<p>Unable to manage long term health / medical conditions</p>	
	<p>Regularly visit the GP for the same medical condition or for non-medical reasons</p>	
	<p>Unplanned hospitalisation or A&E attendance in the last 90 days</p>	
	<p>Accessed social care services in the last 12 months including: assessment, day care, home care, re-ablement or residential care services (Please specify below)</p>	

Bereavement (spouse / partner) or divorce in the past 12 months	
Had a fall in the past three months, either at home or away from the home	
Unable to manoeuvre around the home safely	
Lacks social support and/or interaction with family, friends or carers, or feels isolated	
Feel stressed, depressed or anxious	
Unable to sustain work, education, training or volunteering (If applicable)	
Unable to manage money or in considerable debt	
Poor lifestyle management and behaviours which impact on overall health and wellbeing (i.e. smoking, unhealthy eating etc)	

Aged over 65 years old	
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Reason for Referral:

It is **mandatory** to provide as much detail as possible as to why you are referring the customer to Wellbeing Lincs:

Please specify the particular requirements that will help to improve the customer's health and wellbeing. For example;

- Improving mobility inside and outside of the home
- Participation in community and reconnecting socially to reduce feelings of loneliness/isolation
- Simple home adaptations/aids to support functional ability (Please make the customer aware that there may be a charge for these)
- Help with priority debts, utilities and money management and income maximization

***Consent:**

Has the person being referred given consent (verbal or written) for their information to be shared with Wellbeing Lincs for the purpose of providing Wellbeing Lincs Services?:

Yes

No

*Customer Title:	Miss Ms Mrs Mr Other (Please state details) <input data-bbox="850 282 1401 344" type="text"/>
*Customer Name:	
(Include any former names):	
*Customer Address	
Address Line 1:	
Address Line 2:	
Address Line 3:	
Postcode:	
*Customer Telephone	
Landline:	
Mobile:	
*Customer Date of Birth:	
We will be contacting the customer via telephone, please indicate in the space below any specific communication requirements:	
<div style="border: 1px solid black; height: 300px;"></div>	

*Referrer Relationship		
District:		
Department:		
*Referrers name, email and contact number		
Organisation Name:		
Email:		
Contact Number:		
* Would you like to discuss the customer's/patient's care and support needs prior to the assessment taking place?	Yes	No
Is there a Care Plan/Risk Assessment?:	Yes	No If Yes provide a copy
Has a referral been made to your internal Safeguarding?:	Yes	No
Are you receiving or waiting for support from other Agencies?:	Yes	No
If yes, please provide details for the purposes of avoiding duplication and integrated working:		

Once completed return this form to: wellbeing.hub@e-lindsey.gov.uk