**‘Healthy Alternatives’ Referral Form – Social Prescribing**

Patient Name:

Address:

Postcode:

Date of Birth:

Patient’s Telephone Number/Email:

GP Name and surgery:

If person being referred needs support to discuss referral, details of person who is able to provide support (name, relationship, contact number)

Motivation for engagement: 1 2 3 4 5

Interested in: Services for people with disabilities

 Services for people with mental health problems

 Services for people 55+

What are the expected outcomes?

Reduce social isolation

Address practical support needs (housing, debt, etc.)

Reduce reliance on NHS services

Become more physically active

Encourage self-care

Improve confidence and self esteem

Other (please state)

Comments:

Signed: Date: