



Referral Form for Individual to Engage with the Volunteer Health Connect Coaching Programme

Name of person making referral	
Role of person making referral	
or Self-referral [if yes please tick]	<input type="checkbox"/>

Forwarding this completed referral onto the volunteer health connect coaching programme permits that consent has been given to refer into and share with the service.

What the service offers: A trained and supported volunteer health connect coach with lived experience of living with a long-term condition, will be carefully matched to have regular coaching sessions with a peer who is being challenged managing their condition and who would like some support in making positive changes. This programme is flexible to individual needs but is based on a 6-month intervention with a tapered off design to support its aim of improving the responsibility and action of self-management.

Inclusion criteria:

- Patient is living with a long-term health condition. **[for the safety of our volunteers and peers, we cannot accept referrals whose primary issue is mental health related].**
- They are thinking of OR wanting to make a change to support their condition management
- Live within Torbay and South Devon OR are a patient under Torbay and South Devon health and social care services
- Over 18 years old

Date of Referral	
Name of individual being referred	
Preferred Name	
Date of Birth [DD/MM/YEAR]	
NHS number	
Address & Postcode	
Contact number	
Email	



Preferred means of contact?	Phone	Email	Text	Post	No Preference
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What is the main concern/barrier/challenge to self-management?	
Health Condition/diagnosis: When diagnosis occurred: Main symptoms experienced:	
Does the individual have any additional needs?	
Other useful information (e.g. risks, safety, social, housing, pets, behaviours, health)	
Does the individual have access to a smart phone, tablet, laptop or PC to access Microsoft Teams?	Yes No
Do they have internet access?	Yes No
Availability;	Please see table below, please add an 'x' on the days/times referred person is available.

Day	Mornings (9am-12pm)	Afternoons (12pm-4pm)	Evenings (4pm-8pm)
Mon			
Tues			
Wed			
Thurs			
Fri			
Sat			
Sun			



Anytime	
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Any other health professionals involved with health management?	
GP practice:	

Any personal preferences for a matched volunteer health connect coach? e.g. gender, age, culture etc IF no preference please leave blank	
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In order to ensure duty of care is maintained for the individual, we require a named clinician who is happy to provide safety netting and clinical oversight to agree suitability for this referral and a point of contact should it be required. This can be the referrer IF you hold a professional, clinical registration e.g. Doctor, Nurse, Physiotherapist, Allied Health Professional etc. IF referrer does not hold a clinical registration then they must get confirmed agreement from a clinical practitioner and document this.

Please be aware that in order to protect our volunteers and maintain a duty of care to you, this programme will not focus on mental health as a main concern.

Name of clinically accountable person	
Professional Role	
Clinically accountable Signature [if possible]	
Contact Details Email / Phone	

Please now return this form to tsdft.healthconnectcoaching@nhs.net or post to

**FAO: Health Connect Coaching Coordinators,
 Personalised Care Team
 St Edmunds**



**Victoria Park Road
Torquay
TQ1 3QH**

OFFICE USE:

Date for first planned meet up	
Allocated Volunteer Coach	