

Southern Devon Wellbeing Partnership Referral Form

Please use this form for

- referral of clients to Voluntary Sector Providers who might benefit from services and support
- referral to the Southern Devon Wellbeing Programme.

REFERRAL CRITERIA FOR SERVICES AND SUPPORT

Anyone presenting with a need not normally met by the Statutory Services

REFERRAL CRITERIA FOR WELLBEING PROGRAMME

Over 50
Lonely and/or isolated
2 long term conditions (preferable)

Patient Name	Click or tap here to enter text.
Patient Address	Click or tap here to enter text.
DOB	Click or tap here to enter text.
NHS No.	Click or tap here to enter text.
Home Telephone	Click or tap here to enter text.
Patient Mobile	Click or tap here to enter text.
Patient Email address	Click or tap here to enter text.
GP Practice	Click or tap here to enter text.

Consent for referral and information sharing obtained ☐ Yes ☐ No

Main reason for referral: Click or tap here to enter text.

Is there a risk to lone workers: ☐ Yes ☐ No

If Yes, please give details [Click or tap here to enter text.](#)

Additional information: [Click or tap here to enter text.](#)

Referred by:	Click or tap here to enter text.
Designation and address of referrer:	Click or tap here to enter text.
Email address of referrer:	Click or tap here to enter text.
Relationship to patient:	Click or tap here to enter text.
Date:	Click or tap here to enter text.

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Email to:

Newton Abbot Area	kingscare.wellbeingreferrals@nhs.net
Bovey Tracey Area	Tsdft.WellbeingBovey@nhs.net
Ashburton/Buckfastleigh Area	Tsdft.WellbeingMoorland@nhs.net
Dartmouth Area	dartmouth.wellbeing@nhs.net
Totnes Area	Tsdft.WellbeingTotnes@nhs.net
Teignmouth/Dawlish Area	Tsdft.WellbeingCoastal@nhs.net

We aim to advise receipt of your email within 24 working hours and to confirm that we will be able to action with 7 working days