

### Wellbeing Co-ordinator Referral Form

Please use this form for referral to the Torbay Wellbeing Programme.

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

Patient Name	
Patient Address	
DOB	
NHS No.	
Home Telephone	
Mobile	
Email address	
GP Practice	

Consent for referral and information sharing to be made to Wellbeing Co-ordinators

☐ Yes ☐ No

Main reason for referral:

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

Additional information:

Referred by:

Designation & address of referrer:

Email address of referrer:

Telephone:

Date:

Email to: [Wellbeingcoordinator.torbay@nhs.net](mailto:Wellbeingcoordinator.torbay@nhs.net)