

Mental Wellbeing-Feel Good- Referral Form

So we can understand your concerns and needs more fully please complete this form. We will need to ask you some personal questions and the information that you provide will be used by the care team to negotiate the best care for you at this time.

If you have a problem completing this form please call 0121 663 0007 (Option 2)

Personal Information:

(We will share any relevant information with agencies in your care plan):

Title:	First name:	Last name:
Date of birth:		Date:
Current Address:		
Email:		Post code:
Tel No:		Mobile No:
GP Name:		NHS No:
GP Surgery:		Gender: Male / female

Is it ok to leave a message on your voicemail, say it is Health Exchange and ask you to ring back? Yes No

If we have to write to any other health professional regarding your care and treatment do you wish to receive a copy of the letter? Yes No

Are you a refugee or asylum seeker? Yes No

Can we write to you at the address you have provided? Yes No

If no, is there an alternative address you could provide:

Ethnic Background: (please tick)

<input type="radio"/> White – British	<input type="radio"/> Mixed – Other	<input type="radio"/> Black/Black British - African
<input type="radio"/> White – Irish	<input type="radio"/> Asian/Asian British - Indian	<input type="radio"/> Black/Black British - Other
<input type="radio"/> White – Other	<input type="radio"/> Asian/Asian British – Pakistani	<input type="radio"/> Chinese
<input type="radio"/> Mixed – White & Black Caribbean	<input type="radio"/> Asian/Asian British - Bangladeshi	<input type="radio"/> Any other Ethnic group
<input type="radio"/> Mixed – White & Black African	<input type="radio"/> Asian/Asian British – Other	<input type="radio"/> Not stated

Please tell us about any problems and/or difficulties you may be currently experiencing?

What would you like to achieve from these sessions?

Do you have any support needs (disability access, signer, interpreter etc):

Any Additional comments (that may help us in contacting you and providing the best support for you):

Completed by:

Date:

Please send the completed form to:

**Birmingham Mental Health Consortium
Health Exchange Hub
Avoca Court
27 Moseley Road
Digbeth Birmingham
B12 0HJ
FAO: Aqib Afzal.
Or email to: thefeelgoodservice@healthexchange.org.uk**