Social Prescription Referral
People Keeping Well - City Centre GP Neighbourhood

zest
FOR LIFE • FOR CHANGE • FOR WORK

Patient details

Name | Title | Gender | Referral Date

NHS Number | Age | Tel

Current Address | Mob | Email

Does patient have caring responsibilities? ☐ Yes ☐ No ☐ Unknown

Referrer details

Referring Clinician

Practice / organisation details | Tel | Fax

GP details if referring organisation different

Area of support required

☐ Emotional Wellbeing
☐ Healthy Lifestyles
☐ Physical Activities
☐ Social Networks
☐ Employment & Skills
☐ Welfare & Benefits
☐ Families & Parenting
☐ Domestic Violence

Patient risk assessment

Do we need to speak to a member of the practice team before making contact with the patient, for example if there is a history of aggressive behaviour?

☐ No ☐ Yes

Patient additional needs

Please tell us of any additional support needs, such as disability or language.

Physical activity only

We are unable to work with any patient who has had a heart attack in the last 6 months who has not completed a phase III Cardiac Rehabilitation Programme.

Blood pressure | Resting Heart Rate

Exercise is contra-indicated for people with systolic BP above 180, diastolic above 100 or a resting heart rate above 100bpm.

Does the patient have any past or current medical conditions
Eg. coronary heart disease, COPD, musuloskeletal, BMI over 30?

☐ No ☐ Yes

If yes enclose relevant medical history / medication. Advise of any conditions we should be aware of eg EpiPens, epilepsy, fainting/dizzy spells, asthma inhaler etc

☐ I confirm that the patient's medical condition is stable.

Patient data protection

I confirm that the personal details on this form are correct. I consent to my personal details being passed to the relevant Zest services, approved referral partners (including feedback to my GP) and to be entered onto the NHS National Data Collection and Reporting System in accordance with the Data Protection Act 1998. I agree to be contacted using the contact details provided on this document to follow up this appointment and audit the service. I consent to anonymised data being passed to Sheffield City Council and others to provide service monitoring and reports). I agree to Zest sending me publicity information about services and activities.

Patient Signature | Date

Return referral to

Jenny Hare
The Zest Centre
18 Upperthorpe
Sheffield S6 3NA

Tel: 0114 270 2040 ext 210
Email: jenny.hare@nhs.net
Fax: 0114 399 8004

GP Practice Stamp