ShipShape Community Hub

ShipShape Social Prescribing Referral Form

Date Today:…….. How did you hear of Shipshape?
……

Form of contact: Email – Phone – Text Message – In person – Letter

Personal details

Title:	First Name:	Surname:
Current Address:	Post Code:	Telephone Number: SMS allowed: Y N
Date of Birth:	Email: Would you like to receive our newsletter? Y N	Gender:
Ethnicity:	Religion:	GP Surgery:
Do you have any allergies:	Do you have a disability: Y N	Do you have any language needs:
Emergency Contact Name:	Are you in paid employment? Y N	Emergency Contact Phone:

Additional Information

Are you a person with Dementia Are you a carer? Y N Dementia Y N Other:	**Type of Dementia diagnosis:** Date of diagnosis: Do you live alone: Y N
Do you have any health conditions we need to be aware of? (i.e. diabetes, chronic pain)	

Referrer Details Are you referring yourself? Y N If no, please fill in this section

Name:	Email:
Referring from (GP Practice/Organisation/other):	Telephone Number:
Notes on support required?	

Area(s) of Support Required (Please tick)

Health Trainer	Community Support Worker	Physical Activities	Emotional Wellbeing
Families or Parenting	Benefits or Financial	Young people	Social Activities
Volunteering	Training	Learning	Employment& Skills
Foodbank	Other		

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Data Protection I have read and understood ShipShape's Privacy Notice (see at Centre or website). I consent to my personal details being passed to the appropriate services, and to be entered on to ShipShape's secured database in accordance with the General Data Protection Regulation 2018. I agree to be contacted using the contact details provided about services.

Signature: ..... Date: --/--/----

Print Name: .....

r, for carers/representatives:

I have a reasonable belief that the named person lacks the capacity to consent to receiving a service from ShipShape Health & Wellbeing.

AND

I believe that it would be in the best interests of the person to receive the service. In reaching this decision I have involved the person as fully as possible in the decision and considered.

- the potential benefits and any risks to the person of receiving the service
- the person`s past and present wishes and feelings
- any of the person`s beliefs and values likely to influence the decision
- the views of others with an interest in their care (where applicable)

Carer/representative:

Signature: ..... Date: --/--/---- Print Name: .....

For Shipshape Use:

*Name of person who completed the form – **Staff**.....*

***Volunteer**.....*

Has the client been referred to appropriate service: (Y)/N

Referred to which ShipShape Service(s)?.....

Date Referred _____ Date on Database _____