



The Achieving Self Care Project Referral Form

The **Achieving Self Care (ASC) Project** is made up of 2 elements:
Self Care facilitation- Working with people with LTCs who are lacking motivation to engage in healthy behaviours to identify the barriers preventing them from taking action to improve their health e.g. low confidence/anxiety and to help them identify and achieve their goals. Up to 4 1-1 sessions can be delivered to improve health related quality of life- Please note this is **GP Practice staff referral only** in South of Blackburn with Darwen
2- Community Wellbeing coordination- Increasing access to community support and solutions e.g. peer support/volunteering opportunities- Available to all residents of south Blackburn with Darwen
Please complete this referral form for access to either of the above services

Clinician details

Name: _____
Practice/Organisation: _____ **Contact number:** _____
Relationship to client: _____ **Date of referral:** _____

Patient details

Name: _____ **EMIS No:** _____ **DOB:** ___/___/___
Address: _____
 _____ **Postcode:** _____
Telephone number: _____
Employment status: Employed Unemployed Volunteer Prefer not to say
Gender: male female prefer not to say **Age:** _____ Prefer not to say
Ethnicity: _____ **First Language:** _____
Requires Translator: **Preference: ASC volunteer/other:** _____

Referral Information

Please tick any of the following statements that are true about the client:

- At risk of emergency admission
- Lacking motivation to engage in healthy behaviour to improve health and wellbeing
- Long term condition (coronary heart disease, stroke, hypertension, diabetes, COPD, CKD, mild moderate mental health problems, cancer, hypertension)
- Mild mental health conditions
- Medically unexplained conditions

Reason for Referral

Is there anything you feel we need to know to improve the way we support this person? E.g. mobility/risk

Patient consent

Lancashire Mind & Care Network will use the information on this form to enable us to provide safe, suitable and effective support to you. Please sign below to consent to your information being shared with the ASC Project and to this referral being made:

Patient signature..... **Verbal Consent gained Y [] N [] Date**.....

In order to find out how this service is working we would like to contact some of the people who have used this service to find out about their experience. If you **DO NOT** want to be contacted, please tick the box []

For GP referral please return this form to the pigeon hole. For all other referrals please complete and return to **Emma Lord on 01254 433143 or emmalord@lancashiremind.org.uk**