**North Somerset Wellbeing Service**

**Self- Referral Form**

**What we provide**

This service is for people whose mental health difficulties limit their personal independence and who need support with their personal recovery beyond that otherwise offered through primary care. It aims to reduce people needing to access secondary mental health services as well as providing a pathway for those in need of additional support to manage the transition from secondary services into the community successfully.

We support people to create and complete a personal wellbeing plan with access to ‘recovery college’ style learning activities and one-to-one review.

**Contact us**

If you would like to speak with us before making a referral please contact 0333 023 3504 (Monday - Friday 9am-4:30pm) or email [NSWellbeing@second-step.co.uk](mailto:NSWellbeing@second-step.co.uk).

**Person being referred:**

|  |  |
| --- | --- |
| Full Name: |  |
| Address: |  |
| Phone no: |  |
| Email: |  |
| Date of birth: |  |
| Diagnosis / nature of mental health difficulties: |  |
| Previous use of mental health services: |  |

**Exclusion criteria:**

(Please note that if the answer to any of the following questions is ‘yes’ this service is unlikely to be appropriate.)

|  |  |
| --- | --- |
| Do you pose a significant risk to yourself or others? | **Yes / No** |
| Is the primary reason for your referral substance or alcohol misuse? | **Yes / No** |
| Is the reason for your referral relating to a severe learning disability? | **Yes / No** |

|  |  |
| --- | --- |
| Signed: | Date: |

Please return this form to [NSWellbeing@second-step.co.uk](mailto:NSWellbeing@second-step.co.uk) or North Somerset Wellbeing Service, 69 Old Street, Clevedon, BS21 6BT.