

**Wellness Centre form Date:**

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| **Personal details** | |
| **Name:** | **Borough** |
| **Mobile phone:** | **Email:** |
| **DOB:** | **Pronouns** |
| **Emergency contact name and number:**  **(In case anything should happen to you)** | |

**Age**

**18 – 25  26 – 36  37 – 55  55 +**

**Gender**

**Male  Female  Transgender  Non Binary  Prefer not to say**

**Ethnicity**

**Asian / Asian British – Bangladeshi  Mixed – White and African**

**Asian / Asian British – Indian  Mixed – White and Black Caribbean**

**Asian / Asian British – Pakistani  Mixed – White and Asian**

**Asian / Asian British – Other  Mixed – Other**

**Black / Black British – African  White – British**

**Black / Black British – Caribbean  White – Irish**

**Black / Black British – Other  White – Other**

**Other – Chinese  Other – Ethnicity**

**Other – Portuguese**

**Other – Unknown**

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| **GP details** |
| **Name of GP practice:** |
| **GP address:** |
| **Telephone:** |
| **I confirm that I give permission for Croydon BME forum to communicate with my GP if they have concerns about my wellbeing.**  **Date: Signature:** |

**Referral:**

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| **External Referrer details** | |
| **Date of referral:** | **Name of referrer:** |
| **Name of organisation:** | **Address:** |
| **Telephone:** | **Email:** |

**Self – referral  Internal / External referral  (Please give details below)**

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| **Support Needs** |

**What would you like support with?**

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| **Mental health support** |  |
| **Employability** |  |
| **Education** |  |
| **Housing / Homelessness** |  |
| **Social activities** |  |
| **Benefits** |  |

**How are you feeling right now? Please circle or highlight in bold the feelings that applies to you.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Angry | Fatigue | Guilty | Restless | Fearful | Relaxed |
| Unhappy | Depressed | Hopeful | Tense | Annoyed | Regretful |
| Excited | Happy | Lonely | Panicky | Bored | Anxious |
| Helpless | Sad | Hopeless | Optimistic | Pessimistic | Loss of interest |

**Other…………………………………………………………………………………………………………………………………..**

**What type of behaviours are you experiencing? Please circle or highlight in bold the behaviour that applies to you.**

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| --- | --- | --- | --- | --- | --- |
| Overeat | Insomnia | Withdrawal | Work too hard | Lack of motivation | Procrastination |
| Emotional outbursts | Smoke | Drink too much | Sleep disturbance | Loss of control | Crying |
|  |  | Aggressive | Concentration difficulties |  |  |

**Other…………………………………………………………………………………………………………….**

***Wellbeing advisor to complete.***

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| **Hopes and Goals** |

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| **Mental health support: *Example: Therapy, physical exercise etc…*** |
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| **Employment: *Example: Current vacancies in the organisation, Volunteer opportunities etc…*** |
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| **Education: *Example: College courses, further education, short courses etc…*** |
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| **Housing / Homelessness: *support with housing issues, signpost to rough sleeping organisations*** |
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| **Benefits: Example: Support with PiP, claims forms etc…** |
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| **Social activities** |
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| **Signpost** | |
| **Croydon BME Forum** |  |
| **EMHIP** |  |
| **Croydon Health and Wellbeing Space** |  |
| **Mental health personal independence coordinators (MH PiCs)** |  |
| **Mind Recovery Space** |  |
| **External community groups** |  |

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| **Details about signpost** |
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| **Consent to signpost to third parties** |
| **I confirm that I give permission for the wellbeing advisor to communicate with Croydon BME Forum and their partners, as well as external organisations that can help with my wellbeing.**  **Date: Signature:** |

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| **Wellbeing Advisor** |  |