

**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.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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**  |  |