



01777 567005

Rose.muddyfork@outlook.com

The Wellbeing Cycle Self-Referral Form

www.muddyfork.uk

| 1. Personal details | Date | Date of enquiry |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Name Address Postcode | | |
| Date of Birth Ethnicity | | |
| Home telephone Mobile number Email | | |
| 2. Professional Support | Do you access support from any Health Services or Community Organisations in connection with your mental health and wellbeing? <i>If so, please tell us about them below</i> | |
| Name and address of the Health Service or Community Organisation Telephone Email | | |
| Name and job title of Health or Community Support Worker Telephone Email Are they willing to be our main contact during your time with the Wellbeing Cycle | Yes or No? | |

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|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| 3. Personal support from friends or family | <p>If no, would you like a friend or family member to be our main contact?</p> <p>If so, please tell us about them below</p> |
| Name Relationship to you | |

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|-------------------------|--|
| Contact details. | |
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| 4. GP information | Name of your GP |
|--------------------------|------------------------|

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| Name of GP Practice Address Telephone number Email | |
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| 5. Please tell us why you would like to join the Wellbeing Cycle - what prompted you to enquire? |
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| <p>6. Nature of your mental health and wellbeing issues.</p> <p>Please share details of any diagnosis if you have one.</p> <p>If you do not have a diagnosis, please describe your mental health and wellbeing concerns at the moment</p> |
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| <p>7. About you</p> <p>Please share with us a little bit about your circumstances</p> <p>e.g., Do you live alone? - Are you employed or a volunteer? - Are you a carer for children or friends and family?</p> |
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8. Safeguarding issues.
Please tell us about anything we need to know to keep you safe.

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9. Please tell us about your individual needs e.g.
Allergies, physical health problems (e.g., back pain, diabetes, epilepsy), physical or learning disabilities or other support needs, and any medication that we should be aware of.

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| 10. Is your Tetanus up to date? | Yes or No? If no, please take some advice from your GP |
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| 11. Next of kin/ Emergency contact | Name |
|---------------------------------------------------|-------------|

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|------------------------------------------------|--|
| Address Telephone number mobile | |
|------------------------------------------------|--|

Your signature: _____

Date: _____

Thank you for completing this form.

The information supplied will be kept in the strictest confidence and in accordance with Muddy Fork data protection policy.

Please email the completed form to: Rose.muddyfork@outlook.com

Or post it to:

**FAO : Referrals
Muddy Fork
Retford Enterprise Centre
Retford
Nottinghamshire DN22 7GR**

We look forward to receiving your application and we will get back to you to invite you to come and have a look around.

For enquiries or further information please leave a voice message 01777 567005 or send an email Rose.muddyfork@outlook.com and we will get back to you.

Our website: <https://www.MuddyFork.uk> also has information.

Muddy Fork is a registered charity in England and Wales, number 1170128.