**MIDLOTHIAN WELLBEING SERVICE REFERRAL FORM**

**Patient name & full address (including CHI / DOB)** **REFERRER DETAILS and** **GP Practice**

**Phone number:**

* Home:
* Mobile:

**The person is over 18 and agrees to being contacted by the Wellbeing team:**

**Is it OK to leave a message? YES**

 **NO**

**Do they wish to be contacted by email and have given consent for that:**

* **YES**

* **NO**

**If yes, please provide email address:**

**Please tell us what the person hopes will be better / different by working with a Wellbeing practitioner:**

**Please email to:** loth.wellbeingmidlothhscp@nhslothian.scot.nhs.uk.