Total Wellbeing Luton

Please email the completed referral form to: **total.wellbeing@nhs.net**

Referral Date | Referring GP Surgery / Organisation

Client Details

Name

NHS Number | Gender | D.O.B.

Address

Postcode | Contact Telephone Number | Consent to Text and Voicemail

Language Spoken | Email Address | Consent to Email

Primary Reason for Referral (PLEASE TICK)

Emotional Health ☐

Talking Therapies - Mild to moderate support for anxiety, low mood and depression that is impacting daily life.

Brief Description for Referral

*Please note: We are not a crisis service

Next of Kin | Consent to Contact ☐

Physical Health ☐

Adult Weight Management	☐	Long Term Condition	☐
Child Weight Management	☐	Cardiac Rehab	☐
Social Prescription	☐	Respiratory Condition	☐
Health Check 40-74	☐	Stroke Rehab	☐
Stop Smoking	☐	Neurological Condition	☐
Exercise on Referral	☐	Cancer Diagnosis	☐
		Long Covid	☐

Additional Supportive Information

Referrer Details

Name

Contact Telephone Number | Email Address

Health Professional Consent

In my professional medical opinion I know of no reason why the above named patient is unable to undertake in one of the above programmes.

Signature: Print Name:

Patients Consent

I agree to the release of medical details about me to relevant staff. I understand that confidentialty is assured and that I am responsible for my own actions at all times. I am undertaking this programme of my own fee will.

Signature: Print Name: