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**South East Angus ECS Mental Health and Wellbeing Hub**

**Self-Referral Form**

**Who is this service for?**

Any person (16+) who is registered at a GP Practice in Arbroath, presenting with mental health and wellbeing needs, or substance use needs. The Hub will also accept referrals for 11-16 year olds of high school age but only for the Young People’s Peer Support Worker and for those young people with less complex mental health and well-being challenges. Following completion of this form, please email to **tay.southeastangushub@nhs.sco**t or hand into your practice receptionist. Once the referral has been received it will be screened by the ECS mental health and wellbeing hub.

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GP Practice Name:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please tick box if form completed by GP Practice Staff on behalf of the patient**

**PERSONAL DETAILS**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ House Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you involved with any other services now or in the past?**

E.g. CMHT, Penumbra, AIDARS, Tayside Council on Alcohol, Peer Support, Psychology.

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**Brief summary of the support/help you need?**

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| Please describe the issues effecting your mental health and wellbeing e.g. stress, low mood, anxious, bereavement |