

**Please return your completed form to:**

**Public Health Western Isles  
Health Board Offices  
37 South Beach, Stornoway,  
Isle of Lewis, HS1 2BB**

**How long will it take to be contacted?**

Once your referral is received, someone will aim to contact you within three working days.

Please note, the Psychological Wellbeing Service will routinely leave messages on a home or mobile answering service unless you specifically request otherwise. We only identify ourselves as the NHS, and would never reveal any more information than that. If you do not want us to leave a message, please make sure here:

**For further help and information, please contact:**

e: [wi-hb.psychologicalsupportforcorona@nhs.net](mailto:wi-hb.psychologicalsupportforcorona@nhs.net)  
t: 01851 708022

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**Disclaimer**

The content of this leaflet is intended to augment, not replace, information provided by your clinician. It is not intended nor implied to be a substitute for professional medical advice. Reading this information does not create or replace a doctor-patient relationship or consultation. If required, please contact your doctor or other health care provider to assist you interpret any of this information, or in applying the information to your individual needs.

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# Psychological Wellbeing Hub

**Bòrd SSN nan Eilean Siar NHS Western Isles**

## Self-referral form

**For those living in the Western Isles**

During COVID-19, NHS Western Isles are working closely with local partner organisations in order to safely and effectively provide psychological wellbeing support, assistance and guidance to residents of the Western Isles. This Psychological Wellbeing Hub service is provided in partnership with Comhairle nan Eilean Siar and our community partners. Please be assured that as part of this wellbeing hub service, all personal information processed and shared has a lawful basis, and we continue to take steps to safeguard your data, in line with current legislation.



# Psychological Wellbeing Hub

## Self-referral form

For those living in the Western Isles

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male  Female

### Contact Information:

Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Preferred contact method Letter  Phone/Mobile  Email

How did you hear about this service?  
\_\_\_\_\_

### Additional Information:

Name of your GP?  
\_\_\_\_\_

Are you receiving support from any other services; e.g. Mental Health, Social Services, Inclusion?  
\_\_\_\_\_

If you have a key worker for any of these services, what are their contact details?  
\_\_\_\_\_

### Additional Information:

.Please outline below the reasons you are making this referral to the Wellbeing Service.

What are your current difficulties and when did they first start?  
\_\_\_\_\_

Have you had any previous mental health support in the past 12 months? (Please provide detail of what this was, how long it was for and whether it was helpful.)  
\_\_\_\_\_

In coming to this service, what would you like to be different or what are the main goals you want to get to?  
\_\_\_\_\_

### Consent

I consent to being referred for an appointment to the Wellbeing service

Signature \_\_\_\_\_ Date \_\_\_\_\_

If under 16 years please include contact details for family members and other important people, to you (please include at least one person with parental responsibilities)

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Contact details \_\_\_\_\_