



# Wellbeing Arts Referral Form

Patient ID Number

Please tick if this is a re-referral  (each referral is for 10 sessions with an artist)

Name of artist.....Location of Wellbeing Arts residency.....

## PART A: Participant details

Name.....Male  Female  Transgender  Prefer not to say

Postcode (please complete).....Date of Birth.....

Preferred contact number and email.....

Occupation: retired / in education / part-time employed / not employed / full-time employed/ unable to work/

Other (please specify).....

Do you consider yourself to have a disability? Yes  No  Prefer not to say

If yes could you state the nature of your disability.....

## PART B: Participant consent (to be completed by the participant before attending the art activity)

I consent to participation in the Wellbeing Arts project, in which I will have the opportunity to work with an artist for ten sessions.

I understand that this project is being evaluated and that my personal details will be treated as confidential, although it will be used anonymously for statistical and research purposes.

➤ Signed (by patient).....Date.....

The contact details given on this form will be passed to the lead artist who will contact you directly.

## PART C: Relevant medical and personal information

What are your reasons for joining the group? Please tick all that are relevant.

to meet new people  find a new hobby  to get out of the house  to learn new skills

support for day to day difficulties / challenges  to feel more cheerful  to help with feeling worried

to help with feeling stressed  other  (please specify)

Please give any further relevant information that the artist may need to be aware of to ensure your safety and wellbeing and that of all participants taking part in the art activity.

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Name of participants GP.....

Name of GP Surgery.....

Name and profession of referring health professional (if different from above)

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I recommend the above person to Wellbeing Arts and understand that this is a non-clinical intervention.

➤ Signed (by referrer).....Date.....

Tel:.....Email.....

Please note we require all referring professionals to provide their contact details.

The name of your GP surgery is used for monitoring purposes. If the artist has concerns about your health or wellbeing they might ask to speak to your GP. The artist will not contact your GP without speaking to you first.