

LifeLink referral form for clinicians, services and organisations



LifeLink uses health coaching to support people to connect to social activities, clubs, groups and local services in their community.

Participant details			
Name		Home phone	
		Mobile	
Email			
Address		Date of birth	
		Gender	
		Preferred language	
GP surgery			
Name of GP		NHS number (if known)	
Does the participant have any ongoing physical or mental health conditions?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Brief details			
LifeLink is not a mental health service, if this person has a mental health issue it is important, we know what services they are working with.			
Does this participant have a mental health concern or issue? (If yes, please select tick box, below)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<input type="checkbox"/> This condition is likely to need additional support. This is already being provided by:			
<input type="checkbox"/> This condition is likely to need additional support. A referral has been made to:			
<input type="checkbox"/> This condition is stable or low level and unlikely to require additional support.			
How did you find out about LifeLink?			
Has participant consented to referral	<input type="checkbox"/> Yes <input type="checkbox"/> No We can only accept referrals with participant consent.	Date	
Name of referrer		Organisation	

What are you hoping to achieve through LifeLink? (tick box or state reason in other)	
Reduced social isolation	
Build new relationships in the local community	
Increased employment prospects	
Improve confidence and self esteem	
Improve health and wellbeing	
Reduce reliance on NHS services	
Other (please state)	
Reason for referral (Brief explanation or person's history)	
Have they been discussed at the High Intensity Users meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
For administrative use only	
Referral accepted by LifeLink	Yes/no
Referral option accepted by participant	Yes/no
Referral option declined by participant	Yes/no
Reason declined	

Please email this form to the appropriate LifeLink team at our secure inbox
(Take care to send to correct address as there are other organisations in the UK called LifeLink)

- brandon-lifelink@westsuffolk.gov.uk
- buryrural-lifelink@westsuffolk.gov.uk
- burytown-lifelink@westsuffolk.gov.uk
- haverhill-lifelink@westsuffolk.gov.uk
- mildenhall-lifelink@westsuffolk.gov.uk
- newmarket-lifelink@westsuffolk.gov.uk
- sudburyrural-lifelink@westsuffolk.gov.uk
- sudburytown-lifelink@westsuffolk.gov.uk

LifeLink aims to contact you within five working days.