Referral form for Artlift project

NHS Gloucestershire

ART LIFT

Patient NHS Number

Is this a re-referral? YES / NO (each referral is for 8-10 sessions with an artist)

PART A: Patient details

Name..... Male Female (please circle)

Address.....

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

Contact number..... Email.....

Occupation (please circle): retired / in education / part-time employment / full-time employment / unemployed

PART B: Patient consent (**MUST be completed by the patient before attending the art activity**)

I consent to participation in the Artlift project, in which I will have the opportunity to work with an artist in a group setting over 8 sessions. I consent to the release of relevant medical and personal information about myself to be shared with the artist. I understand that this project is being evaluated and that my personal details will not be passed on to a third party, though my records will be used anonymously for statistical and research purposes. Artlift abides by data protection safeguards, and while I am referred to the project, I may be contacted by Artlift by mobile phone for relevant reasons.

► Signed (BY PATIENT)..... Date.....

PART C: Relevant medical and personal information TO BE COMPLETED BY REFERRER

Reason for referral (Please tick as many as apply):

1. Reduced stress / anxiety / depression ☐
2. Improve self-esteem / confidence ☐
3. Improve social networks ☐
4. Help alleviate symptoms of chronic pain or illness ☐
5. Distraction from behaviour-related health issues ☐
6. Improve overall well-being ☐
7. Support following loss or major life change ☐

Please give any further relevant information that the artist may need to be aware of to ensure the safety and well-being of this patient and all patients taking part in the art activity:

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Name of patient's GP and practice: .....

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

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Tel..... Email.....

** WE REQUIRE ALL REFERRING PROFESSIONALS TO PROVIDE ALL CONTACT DETAILS **

Please note that Artlift is not clinically responsible for the referred patient, and that by signing this form you confirm that the patient has been risk assessed by you/their GP to be suitable to attend the group.

I recommend the above patient is suitable to attend a group activity and I understand that Artlift is a non-clinical intervention in a community setting.

► Signed (by referrer) ..... Date .....

Thank you for filling in this form which is both a risk assessment and evaluation data collection tool.
Please return form to referrals@artlift.org or Referrals at Artlift, Glos. International School, Horton Road, Gloucester, GL1 3PR.
For further information about Artlift sessions, please see www.artlift.org, call 03000 200 102, or email referrals@artlift.org