

buzz

Manchester  
Health & Wellbeing  
Service



# Feel good about yourself

Refer yourself to a healthier,  
happier you

A large, teal-colored outline of a speech bubble, pointing towards the bottom left. The text 'Referral form' is centered within the bubble.

Referral  
form

# To see how a Wellbeing Advisor can help you, fill in and return this form

**No stamp needed!**

PLEASE USE BLOCK CAPITALS

## About you

Name

Address

Town

Post Code

D.O.B

Telephone

Mobile

Email

Gender  Male  Female  Other (Please state)

## What would you like help with?

(Please tick as many boxes as you need)

- Groups (Swimming, Walking)
- Healthy Eating
- Information / Signposting Only
- Isolation and Loneliness
- Managing a Long Term Condition
- Physical Activity
- Positive Mental Health Courses
- Reducing your Alcohol Intake
- Stopping Smoking

We can also signpost to advice on:

- Debt and Money Management
- Dental and Oral Health
- Drug and Alcohol Services
- Health Checks (40-74 year olds)
- Sexual Health Services
- Volunteering

Other (Please specify)

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Do you have any additional needs?

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Will anyone be coming with you to your appointment?

- No
- Yes (Please provide their name and contact details)

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How did you hear about buzz?

(Tick ONE box only)

- |  |  |
|--|--|
| <input type="checkbox"/> buzz Website                                      | <input type="checkbox"/> Physical Activity Referral Service (PARS) |
| <input type="checkbox"/> buzz Leaflet                                      | <input type="checkbox"/> Recommendation                            |
| <input type="checkbox"/> Doctor's Surgery                                  | <input type="checkbox"/> Referral from a Partner Agency            |
| <input type="checkbox"/> Drug and Alcohol Advice Services                  | <input type="checkbox"/> Wellbeing Advisors                        |
| <input type="checkbox"/> Drop in Session                                   | <input type="checkbox"/> Word of Mouth                             |
| <input type="checkbox"/> Early Help Hubs                                   | Other (Please specify)   |
| <input type="checkbox"/> Improving Access to Psychological Services (IAPT) | <hr/>  |
| <input type="checkbox"/> Neighbourhood Health Worker                       | <hr/>  |
| <input type="checkbox"/> NHS Health Check (40-74 years)                    | <hr/>  |
| <input type="checkbox"/> NHS Bulletin / Publication                        |  |

Is there anything else you would like to tell us?

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Where did you pick up this leaflet?

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