

Participant ID Number: For office purposes only.

Is this a re-referral? Yes / No

(each referral is for 8 sessions with an artist)

Location of Wellbeing Arts residency.....

**PART A: Participant details**

Name.....Male  Female  (please tick)  
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  
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 (MUST 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 eight 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 purposes. **Wellbeing Arts abides by data protection safeguards**, and while I am referred to the project I may be contacted by Wellbeing Arts by mobile phone to send text reminders about sessions, or for any other relevant reason.  
**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.

- 1. to help with feelings of stress
- 2. to feel more cheerful
- 3. to help with feeling worried
- 4. improve self-esteem/confidence
- 5. to meet new people
- 6. to get out of the house
- 7. to help manage symptoms of chronic pain/illness
- 8. as a distraction from behaviour related health issues
- 9. support for day to day difficulties/challenges
- 10. support following loss or major life change
- 11. to learn new skills
- 12. improve wellbeing
- 13. to find a new hobby
- 14. 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 and practice.....

Name and profession of referring health professional (if different from above)  
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**\*\*PLEASE NOTE WE REQUIRE ALL REFERRING PROFESSIONALS TO PROVIDE ALL CONTACT DETAILS\*\***  
**PLEASE NOTE THAT WELLBEING ARTS IS NOT CLINICALLY RESPONSIBLE FOR THE REFERRED PARTICIPANT, AND THAT BY SIGNING THIS FORM YOU CONFIRM THAT THE PARTICIPANT 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 Wellbeing Arts is a non-clinical intervention in a community setting.**

**Signed (by referrer).....Date.....**

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

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 or other referrer. **The artist will not contact your GP without speaking to you first.**