



**The Wellbeing Cycle Self-Referral Form**

01777 567005  
[referrals@muddyfork.org](mailto:referrals@muddyfork.org)  
[www.muddyfork.org](http://www.muddyfork.org)

1. Personal details	Date	Date of enquiry
Name Address Postcode		
Date of Birth Ethnicity		
Home telephone Mobile number Email		
<b>2. Professional Support</b>	Do you access support from any Health Services or Community Organisations in connection with your mental health and wellbeing? <i>If so, please tell us about them below</i>	
Name and address of the Health Service or Community Organisation  Telephone  Email		
Name and job title of Health or Community Support Worker  Telephone  Email  Are they willing to be our main contact during your time with the Wellbeing Cycle	Yes or No?	
<b>3. Personal support from friends or family</b>	If no, would you like a friend or family member to be our main contact? <i>If so, please tell us about them below</i>	
Name Relationship to you		

<b>Contact details.</b>	
<b>4. GP information</b>	<b>Name of your GP</b>
<b>Name of GP Practice</b> <b>Address</b> <b>Telephone number</b> <b>Email</b>	
<b>5. Please tell us why you would like to join the Wellbeing Cycle - what prompted you to enquire?</b>	
<b>6. Nature of your mental health and wellbeing issues.</b>  Please share details of any diagnosis if you have one.  If you do not have a diagnosis, please describe your mental health and wellbeing concerns at the moment	
<b>7. About you</b>  Please share with us a little bit about your circumstances e.g., Do you live alone? - Are you employed or a volunteer? - Are you a carer for children or friends and family?	

**8. Safeguarding issues.**

Please tell us about anything we need to know to keep you safe.

**9. Please tell us about your individual needs e.g.**

Allergies, physical health problems (e.g., back pain, diabetes, epilepsy), physical or learning disabilities or

other support needs, and any medication that we should be aware of.

**10. Is your Tetanus up to date?**

Yes or No?

If no, please take some advice from your GP

**11. Next of kin/  
Emergency  
contact**

**Name**

**Address**

**Telephone  
number  
mobile**

**Your signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Thank you for completing this form.

The information supplied will be kept in the strictest confidence and in accordance with Muddy Fork data protection policy.

Please email the completed form to: [referrals@muddyfork.org](mailto:referrals@muddyfork.org)

Or post it to:

**FAO : Referrals  
Muddy Fork  
Retford Enterprise Centre  
Retford  
Nottinghamshire DN22 7GR**

We look forward to receiving your application and we will get back to you to invite you to come and have a look around.

For enquiries or further information please leave a voice message 01777 567005 or send an email [referrals@muddyfork.org](mailto:referrals@muddyfork.org) and we will get back to you.

Our website: [www.MuddyFork.org](http://www.MuddyFork.org) also has information.

Muddy Fork is a registered charity in England and Wales, number 1170128.