 Referral Form

Reminder of inclusion and exclusion criteria for Prescribe Culture referrals. Referrals are accepted from referral partners & self-referrals by students.

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| **Inclusion patient/student** presenting with  | **Exclusion patient/student** presenting with |
| * Loneliness / sense of isolation
* Social Anxiety
* General Anxiety
* Depression
* Bipolar
* OCD
* Eating disorder
 | * Active suicidal ideation / suicidal ideation with planning or intent
* Regular psychotic episodes
 |

To be completed by referral partner:

Referral partner email:

Referral student/patients email or telephone:

I am referring a student / local resident *(please delete as appropriate)*

I feel this student/patient could benefit from the Prescribe Culture service because they are . . .

Referral partner name:

Self-referral Section – to be completed by student

Name:

Email address and/or telephone number:

I am an international / domestic student *(delete as appropriate)*

I would like to engage with Programme 6 to see if it might help me feel . . .

Please now return this completed form to PrescribeCulture@ed.ac.uk

Once referral form received, you/the student/patient will receive a ‘Welcome’ email and the opportunity to have a chat with the Prescribe Culture Lead (by telephone, in-person or online) before selecting the Programme 6 of choice.