 Referral Form

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

|  |  |
| --- | --- |
| **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](mailto: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.