

GREEN SOCIAL PRESCRIBING



in South Yorkshire

Connecting with nature for a happier and healthier you



Scan to complete online

Name:

Which of the following age ranges do you fall into?

18 or under	55 - 59
18 - 24	60 – 64
25 - 29	65 – 69
30 - 34	70 – 74
35 - 39	75 – 79
40 - 44	80 – 84
45 - 49	85+
50 - 54	

Sex:

Male	
Female	
Other	

Do you have caring responsibilities?

Yes / No

Are you clinically vulnerable to Covid?

Yes / No

Date of first referral:

Source of referral: (if self-referral, how did you hear about this activity?)

What is your postcode at home?

Which of the following best describes your ethnic group?

Arab	
------	--

Asian or Asian British - Bangladeshi	
Asian or Asian British - Indian	
Asian or Asian British - Pakistani	
Asian or Asian British - Chinese	
Any other Asian background	
Black or Black British - African	
Black or Black British - Caribbean	
Any other Black, Caribbean or African background	
White and Black Caribbean	
White and Black African	
White and Asian	
Any other mixed or multiple ethnic groups	
White - English/ Welsh/ Scottish/ Northern Irish/ British	
White - Irish	
White - Gypsy/ Irish Traveller	
Any other White background	
Any other ethnic group (please state)	

Are you currently a refugee or seeking asylum in the UK?

Is English your first language?

GREEN SOCIAL PRESCRIBING



in South Yorkshire

Connecting with nature for a happier and healthier you

Do you currently have support needs around your mental health? Yes/No

(if Yes, please give details overleaf)

Early stage mental health needs	
Moderate mental health needs	
Severe mental health needs	

OPTIONAL questions:

Have you received any other support for your mental health?

Yes / No

If yes, please give brief details:

Date support received:
Date support finished:

Are you on a waiting list to receive any other support for your mental health?

Yes / No

Do you currently have a disability or long term health condition that has an impact on your daily life?

No	
Yes	

If yes, to what extent do your physical/health disabilities impact on you carrying out your usual daily activities? (please tick one)

No problems doing daily activities	
Some problems doing usual activities	
A lot of problems doing usual activities	

In the last 3 months, how many times have you had an appointment with someone from

your GP practice? (in person, online or telephone)

--

In the last 3 months, how many times have you received any of the following: counselling, psychological therapy, CBT or similar?

--

Have you used an ambulance or attended A&E in the last 3 months? How many times?

--

Have you stayed overnight in hospital in the last 3 months? How many times?

--

If you would like to tell us anything else about your mental or physical health, or your support needs, please do add in any extra comments here:

--

Many thanks with helping us to collect this information, it will really help us give you the right support, as well as helping to build the case for future funding for green activity. We wish you well! ☺