



Bath and North East Somerset  
Clinical Commissioning Group

Developing Health and Independence

**My Script**

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## My Script

Free and Confidential Social Prescribing Service

### Self-Referral Form

Please hand this form back to reception. Your surgery will fax this form to us.  
Alternatively you can post this form to the address shown above or give us a call.  
A member of My Script team will contact you within 10 working days.

<b>Name:</b>	<b>DOB:</b>
<b>Address &amp; Postcode:</b>	<b>GP Surgery Address and GP's Name:</b>
<b>Can we write to you at this address?</b>	<b>NHS number:</b>
<b>Tel No.:</b>	<b>Email address:</b>
<b>Can we ring you at this/these number/s?</b>	
<b>Can we leave messages?</b>	<b>Can we contact you by email?</b>

**My Script** staff will assess your needs and signpost you to services and organisations that can help you with your non-medical issues or concerns (i.e. finance, housing, leisure activities).

Please tell us about your current situation by ticking the relevant boxes:

	Good	Satisfactory	Unsatisfactory	Poor
Physical Health				
Emotional & Mental Health				
Making Decisions				
Financial Security				
Respect & Self Esteem				
Housing Issues				
Social Engagement				
Quality of Life				