

Activities available on prescription in North Tyneside. Fill out the top half and pop it into the repeat prescription box at your GP surgery (no appointment needed) or give it to your social worker.

**For the participant:**

Name .....

Address .....

.....

Tel/Mob .....

Signature .....

**For the referrer:**

**• What are the expected outcomes?**

- |   |  |
|---|--|
| <input type="checkbox"/> Improved confidence and self esteem                  | <input type="checkbox"/> Strengthen social relationships |
| <input type="checkbox"/> Development of new coping strategies                 | <input type="checkbox"/> Engagement with local community |
| <input type="checkbox"/> Decreased reliance on mental health services         | <input type="checkbox"/> Achievement of personal goals   |
| <input type="checkbox"/> Support accessing groups, volunteering or facilities | <input type="checkbox"/> Other (please state) .....      |

Practice Stamp or  
ASC Team Name

Name .....

Signature .....

If you have any queries, please call 0191 262 1808  
or email [takingpartworkshops@nhs.net](mailto:takingpartworkshops@nhs.net)