**Expert Patients Programme (EPP) referral form**

The Expert Patients Programme is a free self-management programme for people who are living with one or more long-term conditions. The course is led by trained volunteer facilitators who themselves live with one or more long-term health conditions.

The course is delivered over six weekly, two and half hour sessions in the community or online.

The aim of the course is to support people by:

* increasing their confidence;
* improving their quality of life;
* helping them manage their condition more effectively.

**Eligibility criteria**

In order to be accepted to the programme, the person referred will need to:

* have one or more long-term health conditions
* agree for the referral to be made
* not exhibit challenging behaviour
* be able to participate in a group

**Individuals details**

|  |  |
| --- | --- |
| Last name: | First name(s): |
| Address (including postcode)  Postcode: | |
| Date of birth: | NHS number (if known): |
| Phone number(s): | Email: |
| Preferred method of contact **(delete as appropriate)**: Phone or email | |
| GP: | |

**Main condition(s) (please list in the box below)**

|  |
| --- |
|  |
| Is the person aware you are making this referral: Yes / No |

**Age:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 18-25 |  | 25-34 |  | 35-44 |  | 45-54 |  | 55-64 |  | 65-74 |  | 75-84 |  | 85 and over |

**Referrer details**

|  |  |
| --- | --- |
| Name: | |
| Job title: | |
| Base: | Email: |
| Phone number: | Mobile: |
| Date of referral: |  |

**All information given will be treated as confidential**

Please return this form as soon as possible to [kcht.epp@nhs.net](mailto:kcht.epp@nhs.net)

or

**Freepost RSCK-GRCK-YBER**

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