

# Mental Health Navigation: Referral form

## Referral details

Have you received consent from the referred person to refer to the Mental Health Navigator

Referral date

Referral source

## Service user details

Name

Date of birth

Telephone

Email

Address

Preferred contact method

## Referral details

Brief details about why they are being referred/what support is required

## Known risks

Does this person pose any risk to themselves or others? If yes, please provide details