#

# Referral Form

|  |  |
| --- | --- |
| **Person making referral:**  |  |
| **Organisation** |  |
| **Phone number** |  |
| **E-mail** |  |
| **New to service?** | **Y / N** | **Self Referral** |  **Y / N**  |

|  |
| --- |
| **Person completing form** |
|  |
| **Date:** |
| **RIS ID:** |

Mr/ Mrs/ Miss/ Ms/ Other Street Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_ /\_\_\_\_\_\_/\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landline Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Permission to make referral:** |
|  |

|  |
| --- |
| **Applicant’s details:** |

|  |
| --- |
| **Emergency contact** |
| Name: Relationship to you: Tel. No:  |
|  |

|  |
| --- |
| **Please provide the details of other services that you access:** |
| **Service** | **Contact Name and Address** | **Contact number** |

|  |  |  |
| --- | --- | --- |
| **GP** |  |  |
| **CMHT** |  |  |
| **Social Services** |  |  |
| **Others (e.g Support Worker, Substance Misuse Worker)** |  |  |

How did you hear about this service?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| GP: | CMHT:  | Facebook:  | Other (please state) |  |

|  |
| --- |
| **Reason for Referral** |
| **Targeted 1-1 Support**  |  | **Targeted telephone support** |  | **Access to peer support/groups** |  |
| **What can we help you with ? : examples above:** |
|  |
| **RISKS:****Please outline any known risk issues, such as risk to self, others, substance misuse etc.** |
|  |
| **Can you provide safety assessment / face risk?**  | **Y/N** |

|  |
| --- |
| **Additional Requirements** |
| **Sensory/Communication** |  | **Able to read/ understand information**  |  |
| **Visual Impairments** |  | **Physical Disabilities**  |  |
| **Learning Difficulties**  |  | **Hearing Impairments** |  |

|  |
| --- |
| **Equal Opportunities Monitoring Questions** |
| **Gender (Please Tick)**  |
| Male |  | Female |  | Transgender |  | Other, please describe: |
| **Ethnicity (Please Tick)** |
| **Asian or Asian British** | **Black or Black British** | **Mixed** | **White** |
| Bangladeshi |  | African |  | Asian and White |  | British |  |
| Indian  |  | Caribbean  |  | Black African and White |  | Irish |  |
| Pakistani |  |  |  | Black Caribbean and White |  |  |  |
| Chinese |  |  |  |  |  |  |  |
| Other: |  | Other: |  | Other: |  | Other: |  |
| **Religious Belief (Please Tick)** |
| Buddhist |  | Jewish |  | Muslim |  |
| Christian |  | Hindu |  | None |  |
| Prefer not to say |  | Any other religion, describe:  | Sikh |  |
| **Sexuality (Please Tick)**  |
| Bisexual |  | Heterosexual |  | Homosexual |  | Prefer not to say |  |
| Other, please describe: |
| **Employment Status (full-time, part-time, in education, unemployed, retired)** |
|  |

By allowing the service to process this information you are accepting that we will hold the information on this form in line with Data Protection Policy and we may use it for monitoring purposes.