



Wiltshire Mental Health Inclusion Service Referral Form

* = essential information for referral to be processed.

Referral Date: _____

SERVICE USER DETAILS

Full Name *	Mr/Mrs/Miss/Ms	Marital Status	
Current Address *			
	Postcode:		
Date of Birth *		Gender *	
Contact Details *	Home:	Mobile:	
	Email:		
Ethnic Origin		Religion	
Preferred Spoken Languages		Interpreter required?	Yes / No
Primary Mental Health Diagnosis / Concern * <i>(eg anxiety/depression, please provide full details in Current Circumstances section on page 2)</i>			

REFERRER DETAILS (if applicable – leave blank if a Self-Referral)

Organisation / Agent		Relationship to individual	
Name			
Address			
Email Address			
Telephone Number			
Referrers Signature			Date:
Does the individual <u>AGREE</u> to the referral? (please delete) *			YES / NO

Preferred contact method (please tick) *	Telephone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/>
How did you hear about the service? (eg leaflet, professional, website, etc.)	



Wiltshire Mental Health Inclusion Service

Referral Form

SERVICE USER INFORMATION (Please state)

<p>Current Circumstances (Please include details of current diagnosis or mental health symptoms at this time, any physical health needs, and any external factors that are currently impacting on the individual.)</p> <p>Does the client have any communication / information needs relating to a disability or sensory loss?</p>	
<p>Is there anything we need to be aware of when lone working? * (e.g. are there any concerns to self and/or others, any criminal convictions or incidents of violence we should be aware of) <u>(If available, please attach risk assessment no older than 6 months)</u></p>	
<p>Any other relevant information (e.g. financial, addiction, housing, immigration, etc.)</p>	
<p>What inclusion support would the service user benefit from? * (eg in which areas do you feel support is needed – group activities; community engagement, access online etc.)</p>	
<p><i>Please tick if interested in accessing the following:</i></p>	<p><input type="checkbox"/> Greener Health Project <i>(BA14 & BA15 area only)</i></p> <p><input type="checkbox"/> Digital Tech Buddy Scheme</p>

Completed form to be returned to:

<p>Wiltshire Inclusion Service WiltsMHIS@rethink.org</p>	<p>Service Manager contact details: Jim McDonald: 07467 764171</p>
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(For Office Use Only)

Name of person taking referral:	
Date	