



For better mental health

HAVERING MIND
HARROW LODGE HOUSE
HORNCHURCH ROAD
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INVESTOR IN PEOPLE

Referral Form

Note: Harrow Lodge House is not wheelchair accessible

Table with 5 columns: Community Wellbeing Service, Befriending Schemes, Doves 65 & over, Referral Enablement & Pathway Service, Youth In Mind (18-30). Each column contains a phone number and a checkbox.

Please complete separate forms for:
Child and Adolescent Mentoring Scheme (CAMS) - 01708 457777
Carers Support - 01708 457777

Client's Personal Details:
Name, Mr/Mrs/Miss/Ms, Male/Female, Date of Birth, Age, Address, Post Code, Phone No, CPA, Diagnosis, Medication, Physical / Learning Disabilities, Next of Kin Name, Relationship, Address, Post Code, Tel No, Permission to contact this person in case of crisis/emergency

If 'No' who else would you like contacted
Any other action required in case of crisis/emergency?

Referrer's Name, Tel No, Position, Referring Agency, Team, Address, Post Code, Other Agencies involved, GP's Name, Tel No, Address, Post Code, Is there a known carer? Yes/No Name, Contact details, Permission to contact carer, Please Tick, YES NO

What outcomes would you like to see for the client through using our services?
 Please give specific examples.....

Risk Assessments: *Please attach if available*

1. Essential for Befriending Scheme
2. Essential for clients on enhanced CPA

Harm to self: Yes / No Please specify:
Harm to others: Yes / No Please specify:
Drug/Alcohol issues: Yes / No Please specify:
Forensic History: Yes / No Please specify:
Social Withdrawal : Yes / No Please specify:

Additional Information which may be helpful

(For example: *mental health history, living situation, dependants, access to home details , cultural needs, social situation, employment/education history, hobbies/interests, household pets etc.*)

Additional Information:

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Client's Ethnic Origin

<u>White</u>	Please Tick	<u>Mixed</u>	Please Tick
British		White / Black Caribbean	
Irish		White / Black Africa	
Any other White background		White Asian	
<u>Black / Black British</u>		Any other mixed background	
Caribbean		<u>Other Ethnic Groups</u>	
African		Chinese	
Any other Black background			
<u>Asian or Asian British</u>		<u>Any other ethnic group</u>	
Indian			
Pakistani		Not stated	
Any other mixed background			

Please advise us of any changes

I agree to information sharing with other agencies.

SIGNATURE OF CLIENT.....DATE.....

SIGNATURE OF REFERRER.....DATE.....