



HAVERING MIND  
 HARROW LODGE HOUSE  
 HORNCHURCH ROAD  
 HORNCHURCH RM11 1JU  
 TELEPHONE / FAX 01708 457040  
 Email: admin@haveringmind.org.uk



INVESTOR IN PEOPLE

## Referral Form

<b>Day Services</b> Harrow Lodge Rainham Harold Hill Other community Locations  01708 457040 <input type="checkbox"/>	<b>Befriending Schemes</b>  01708 457777 <input type="checkbox"/>	<b>Carers' Support</b> Please see separate form  01708 457777 <input type="checkbox"/>	<b>Doves 65 &amp; over</b>  01708 457040 <input type="checkbox"/>	<b>Referral Enablement &amp; Pathway Service</b>  01708 457040 <input type="checkbox"/>
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Harrow Lodge House is not wheelchair accessible

**Please see separate forms for CAMS and Carers Support**

**Client's Personal Details**

Name..... Mr/Mrs/Miss/Ms.....  
 Male/Female..... Date of Birth..... Age.....  
 Address.....  
 .....Post Code.....  
 Phone No..... CPA .....

Diagnosis.....  
 Medication.....  
 Physical Disabilities.....

**Next of Kin Name** ..... Relationship.....  
 Address.....  
 .....Post Code..... Tel No.....

**Permission to contact this person in case of crisis/emergency** YES  /NO

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

**Self Harm in the past Yes/No..... Harmed others Yes/No.....**  
 Additional Information.....  
 .....

**Extra Information for Befriending and Referral Enablement & Pathway Service**

Client's Living Situation.....  
 Any dependants .....  
 Details regarding access to home.....  
 Cultural Needs.....  
 Client's Social Situation.....  
 Employment/Education History.....  
 Hobbies.....  
 Household Pets.....  
 Additional Information.....  
 .....

**Client's ethnic origin**

<b>White</b>	Please Tick	<b>Mixed</b>	Please Tick
British		White / Black Caribbean	
Irish		White / Black Africa	
Any other White background		White Asian	
<b>Black / Black British</b>		Any other mixed background	
Caribbean		<b>Other Ethnic Groups</b>	
African		Chinese	
Any other Black background			
<b>Asian or Asian British</b>		<b>Any other ethnic group</b>	
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.....**