

**Harrow Lodge House, Hornchurch Road, Hornchurch Essex RM11 1JU**

**Telephone: 01708 457040**

**Email:** **reach.us@haveringmind.org.uk**

  **Referral Form**

**We accept Self-Referrals (Additional information may be requested)**

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| **Projects – for full description please visit our website-** [**www.haveringmind.org.uk**](http://www.haveringmind.org.uk) |
| **Live a Better Life** [ ] **(Health & Wellbeing)** |  **Social inclusion project** [ ]   |
| **Parent Support Group** [ ]   | **Gateway Intervention** [ ]   |
| **Older Adult Supported** [ ]  **Peer Group** | **Meaningful Activity Project** [ ]  |
| **Work Well (DWP)** [ ]  | **Mums Matter** [ ]  |
| **Hoarding Pathway (B&D)** [ ]  |  |
| **Note: Harrow Lodge House is wheelchair accessible to ground floor.** **(\*) Mandatory Field** |
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| **Applicant Personal Details** |
| **Title:** Click or tap here to enter text. |  |
| **Forename:** Click or tap here to enter text. | **Surname:** Click or tap here to enter text. |
| **Address:** Click or tap here to enter text. |  |
| **Post Code: \*** Click or tap here to enter text. |  |
| **Landline Number:**  Click or tap here to enter text. | **Mobile Number:** Click or tap here to enter text. |
| **Emai**l**:** Click or tap here to enter text. | **Gender: \*** Click or tap here to enter text. |
| **Age & D.o.B: \*** Click or tap here to enter text. |
| **Marital Status:** Click or tap here to enter text. |
| **Accommodation Status:** Click or tap here to enter text. |
| **Employment Status at time of referral:**In education – full/part [ ]  In employment [ ]  Volunteering [ ]  None of the above [ ]   |
| **Diagnosis/ Presenting Symptoms \*:** Click or tap here to enter text. |  |
| **Are you receiving support from mental health services? \*** Yes [ ]  No [ ] Please specify: Click or tap here to enter text.  |
| **Do you have a CPA?** Yes [ ]  No [ ] (If yes, please attach a risk assessment) |
| **Physical / Learning Disabilities?** Please specify: Click or tap here to enter text. |
| **Do you have any ongoing physical health problems?** Please give details: Click or tap here to enter text. |
| **Does this physical health problem require medication? (**E.g. Insulin, Epi-pen**)** Please specify: Click or tap here to enter text. |
| **Are you taking prescribed mental health medication? \*** Click or tap here to enter text. |
| **Are there any issues with alcohol or recreational drugs? \***Alcohol: Yes [ ]  No [ ]  Drugs: Yes [ ]  No [ ] **If you answered yes, please give details:**Click or tap here to enter text. |
| **Risk Assessment** \*Please attach if available 1. Essential for Social inclusion
2. Essential for enhanced CPA

Do you currently feel at risk to yourself? Yes [ ]  No [ ] Do you currently feel at risk from others? Yes [ ]  No [ ] Do you currently feel you are a risk to others? Yes [ ]  No [ ] **Do you have any forensic history? \*** Yes [ ]  No [ ] If you answered yes, please give details:Click or tap here to enter text. |
| **What outcomes would you like to see through using our services?****Please give specific examples:** Click or tap here to enter text. |
| **How long have you had this problem?** (weeks, months, years)Click or tap here to enter text. |
| **Additional information which may be helpful:** (e.g. mental health history, living situation, dependents, cultural needs, social situation etc.)Click or tap here to enter text. |
| **Next of Kin/Preferred Contact \*** Yes[ ] No[ ]  |
| **Name:** Click or tap here to enter text. |
| **Relationship:** Click or tap here to enter text. |
| **Telephone Number**: Click or tap here to enter text. |
| **Permission to contact this person in a crisis/ emergency? \*** Yes [ ]  No [ ]  |
| **Please add any other information relevant, in the case of emergency:** Click or tap here to enter text. |
| **GP Name:** Click or tap here to enter text. |
| **Surgery Address: \*** Click or tap here to enter text. |
| **Telephone Number:** Click or tap here to enter text. |
| **Is there a known carer: \*** Yes [ ]  No [ ]  |
| Carers name Click or tap here to enter text.Contact details Click or tap here to enter text.Permission to contact: Yes [ ]  No [ ]  |
| **Is this Service User a Carer? \***  Yes [ ]  No [ ]  |
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| **Ethnic Origin \* – Please Tick** |
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| **White** | **Mixed** |
| British[ ]  | White / Black Caribbean[ ]  |
| Irish[ ]  | White / Black Africa[ ]  |
| Any other White background[ ]  | White Asian[ ]  |
| **Black / Black British** | Any other mixed background[ ]  |
| Caribbean[ ]  | **Other Ethnic Groups** |
| African[ ]  | Chinese[ ]  |
| Any other Black background[ ]  |  **Any other ethnic group** |
| **Asian or Asian British** | Any other mixed background [ ]  |
| Indian[ ]  |  Other [ ]  |
| Pakistani[ ]  |  |

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| Nationality Click or tap here to enter text. |  |  |  |  |  |  |  |  |  |
| Primary language Click or tap here to enter text. |  |  |  |  |
| Communication Restrictions Click or tap here to enter text. |  |  |  |  |
| Interpreter required Yes [ ]  No [ ]  |
| Refugee status Yes [ ]  No [ ]  |
| **Sexual orientation** (Please tick box)  |
| Gay [ ]  |
| Heterosexual [ ]  |
| Other (please state) | **Religion** (please tick box) |
| Would rather not say [ ]  | Buddhist [ ]  |
|  | Christian [ ]  |
|  | Hindu [ ]  |
|  | Jewish [ ]  |
| **Type of referral \*** | Muslim [ ]  |
| Self-referral [ ]  Agency [ ]  | Other religion [ ]  |
|  | Sikh [ ]  |
| **Referrer’s information \***  |
| Name: Click or tap here to enter text. |
| Position: Click or tap here to enter text. |
| Referring agency: Click or tap here to enter text. |
| Contact details: Click or tap here to enter text. |
| Reason for referral? Click or tap here to enter text. |
| Will you continue to support the client? Yes [ ]  No [ ]  |

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| **How did you hear about Havering Mind?**Click or tap here to enter text. |
| **Other agencies involved:**Click or tap here to enter text. |
| **Consent to receive further communications: \*** Yes [ ]  No [ ]  |
| **Communications preference:** Mail [ ]  Email [ ]  Telephone [ ]  Text [ ]  |
| **Informed consent to participate: \*** Yes [ ]  No [ ]  |
| **I agree to information sharing with other agencies in relation to the processing of this referral where required: \*** (verbal consent received)Yes [ ]  No [ ]  |
| Please view our privacy statement on our website: www.haveringmind.org.uk for further information All communications with Havering Mind are protected by the Freedom of Information Act 2000 |
| **Applicant’s Signature:** \* (or verbal consent received) Click or tap here to enter text.**Referrer’s Signature:** \* Click or tap here to enter text.**Date:** \* Click or tap here to enter text. |
|  Please send Completed referral form to:**Reach.us@haveringmind.org.uk****Please note: Unless you are sending the email from an encrypted system, this method of communication may not be secure. If you have any concerns about emailing back to us, please post to the address below:****Havering Mind** **Harrow Lodge House****Hornchurch Road****Hornchurch** **Essex RM11 1JU****Telephone 01708 457040** |
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