

Referral Form

Mind Ref:

SW Ref:

Please ensure that **ALL** sections of this form are completed

Date of Birth:

Details of referred person

Title:

| Name: | N I Number: | | | | | |
|---|---------------|--|--|--|--|--|
| Telephone: | Mobile: | | | | | |
| Address: | Email: | | | | | |
| Postcode: | | | | | | |
| Are we able to leave messages on answer phone? Yes / No | | | | | | |
| GP Details | | | | | | |
| Doctor: | Tel: | | | | | |
| Surgery: | | | | | | |
| CPN details (Community Psychiatric Nurse) if a | applicable: | | | | | |
| | | | | | | |
| Please provide information on the following: | | | | | | |
| Sleeping Patterns: | | | | | | |
| Eating Patterns: | | | | | | |
| Current Medication: | | | | | | |
| Smoking: | | | | | | |
| Alcohol / Drug usage: | | | | | | |
| | | | | | | |
| Emergency Contact Details | | | | | | |
| Name: | Relationship: | | | | | |
| Contact Number: | | | | | | |
| Other Household Members: | | | | | | |
| | | | | | | |

| What support are you hoping to receive? (eg counselling, 121 support, wellbeing courses, peer support) |
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| Any other notable support needs or special requirements? (housing needs, substance misuse, financial advice, physical or learning disability) |
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| Detaile of other exensics / therenies you have assessed or are surrently assessing |
| Details of other agencies / therapies you have accessed or are currently accessing (eg counselling, wellbeing team): |
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| |
| (eg counselling, wellbeing team): Any other information (please list any other information you feel will be relevant to making this |
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Risk Assessment

| If you are unable to attach your own Risk Assessment then please complete this form and give | | | | | | | |
|--|---------|----------|---------|-------------------------|-----|-----|----------|
| details of any risks which are applicable below. | | | | | | | |
| Name | | | | | | | |
| | | | | | | | |
| s there any histo | rv of t | the foll | lowina: | | | | |
| | | | | | | | |
| | Yes | No | Don't | | Yes | No | Don't |
| | | | Know | | | | Know |
| Aggression | | | | Substance/Alcohol use | | | |
| .99.000.011 | | | | | | | |
| Arson | | | | Self Harm | | | |
| 413011 | | | | och Hann | | | |
| Domestic Abuse | | | | Sex Offences | | | |
| | | | | | | | |
| Financial Abuse | | | | Suicidal thoughts/plans | | | |
| Salf Naglaat | | | | Esting Disorders | | | |
| Self Neglect | | | | Eating Disorders | | | |
| Other please | | | | | | · I | ' |
| specify below: | | | | | | | |
| | | | | | | | |
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| Monitoring Information | | | | | | | |
|---|--------------------------------------|-----------------------------|--|--|--|--|--|
| Gender: | tal Status: | | | | | | |
| Nationality: | Sexuality: | | | | | | |
| Religion: | | | | | | | |
| Ethnicity (Please circle) | | | | | | | |
| White British | Indian | Chinese | | | | | |
| White Irish | Pakistani | Any Other Ethnic Background | | | | | |
| Any Other White Background | Bangladeshi | | | | | | |
| Traveller of Irish Heritage | Any Other Asian Background | | | | | | |
| Gypsy/Roma | | | | | | | |
| White and Black Caribbean | Caribbean | | | | | | |
| White and Black African | African | | | | | | |
| White and Asian | Any Other Black Background | | | | | | |
| Any Other Mixed Background | | | | | | | |
| Do you consider yourself to be disabled? Y N Please specify your disability: Security Questions (Mind and Support Wellingborough will use the answers given here to ascertain | | | | | | | |
| your identity when making enquiries. |) | | | | | | |
| 1. Name of first school attended? | Answer: | | | | | | |
| 2. What is your favourite animal? | Answer: | | | | | | |
| 3. What is your favourite colour? | Answer: | | | | | | |
| Declaration for Self Referral | | | | | | | |
| By signing this form you are agreeing that Wellingborough Mind can hold your personal information on file. Your personal information will only be shared with other agencies with your consent. For more information please refer to Wellingborough Minds Data Protection Policy. | | | | | | | |
| Signature: | Print: | Date: | | | | | |
| Agency Referral | | | | | | | |
| Please state your position and organisation details below: | | | | | | | |
| , , | isation details below: | | | | | | |
| Name: | isation details below: Organisation: | | | | | | |

Please return this form to:

Wellingborough Mind, 14 Havelock Street, Wellingborough, Northamptonshire. NN8 4QA. t:01933 223591 - admin@wellingboroughmind.org.uk - www.wellingboroughmind.org.uk