

What support are you hoping to receive? (eg counselling, 121 support, wellbeing courses, peer support)

Any other notable support needs or special requirements? (housing needs, substance misuse, financial advice, physical or learning disability)

Details of other agencies / therapies you have accessed or are currently accessing

(eg counselling, wellbeing team):

Any other information (please list any other information you feel will be relevant to making this referral including any history of mental health conditions).

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

Is there any history of the following:

	Yes	No	Don't Know		Yes	No	Don't Know
Aggression				Substance/Alcohol use			
Arson				Self Harm			
Domestic Abuse				Sex Offences			
Financial Abuse				Suicidal thoughts/plans			
Self Neglect				Eating Disorders			
Other please specify below:							

If yes to any of the above please give details:

Monitoring Information

Gender:

Marital 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:

Name:

Organisation:

Position:

Signature:

Date:

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**