

## MENTAL HEALTH NAVIGATOR SELF-REFERRAL FORM

<p>Title:</p> <p>First Name:</p> <p>Last Name:</p> <p>Gender:</p> <p>Date of Birth:                      NHS Number:</p>	<p>Address:</p> <p>Postcode:</p> <p>Home number: Can a message be left on the above number <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Mobile number: Can a message be left on the above number <input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Ethnicity Group</th> <th style="width: 50%;">Ethnicity Sub-Group</th> </tr> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Mixed</td> <td><input type="checkbox"/> White &amp; Black Caribbean <input type="checkbox"/> White &amp; Black African <input type="checkbox"/> White &amp; Asian <input type="checkbox"/> Any other mixed backgrounds</td> </tr> <tr> <td><input type="checkbox"/> Asian or Asian British</td> <td><input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Another Asian backgrounds</td> </tr> <tr> <td><input type="checkbox"/> Black or Black British</td> <td><input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background</td> </tr> <tr> <td><input type="checkbox"/> other ethnic groups</td> <td><input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group</td> </tr> </table>	Ethnicity Group	Ethnicity Sub-Group	<input type="checkbox"/> White	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other	<input type="checkbox"/> Mixed	<input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed backgrounds	<input type="checkbox"/> Asian or Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Another Asian backgrounds	<input type="checkbox"/> Black or Black British	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background	<input type="checkbox"/> other ethnic groups	<input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group	<p>Email:</p> <p>Disability: <input type="checkbox"/> Visual <input type="checkbox"/> Speech <input type="checkbox"/> Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Other</p> <p>Are you able to communicate in spoken English <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you able to understand written English <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Preferred language:</p>
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<p>Name of GP:</p> <p>Name of Surgery:</p> <p>Surgery Address:</p> <p>Contact Number:</p>	<p>Please highlight on a scale from 1 to 10 (<i>1 being unable and 10 being able</i>):</p> <p>How prepared are you to access support in your community? 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10</p> <p>How willing are you to work towards your goals? 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10</p>												

***Please be aware that Mental Health Navigator appointments take place out and about in the community.***

**Reason for referral: (Please tick box and give details of support needed):**

Practical (please state):

Emotional (please state):

Health (please state):

Social (please state):

Any other information (please state):

**How did you hear about the Mental Health Navigation Team?**

Signed:

Date:

Received:

**Please indicate that you consent to Navigator notes being recorded on NHS systems?**  Yes  No

**COMPLETED FORM CAN BE EMAILED TO: [mentalhealth.navigators@nhs.net](mailto:mentalhealth.navigators@nhs.net) or SENT BY POST TO: Di Morris, Coordinator, Northamptonshire Healthcare NHS Foundation Trust, Campbell House, Campbell Square, Northampton, NN1 3EB**

OFFICE USE ONLY:

Data recorded on SystemOne:

date:

by: