

Referral Form

Service User Details

Title:	Name of service user:
DOB:	How did they hear of CPSL Mind?
Address:	Landline number: Mobile number: Email:
Is it Ok to leave an answerphone message	Preferred method of contact:

Referrer Details

Referral type: <input type="checkbox"/> Self <input type="checkbox"/> Professional
Name: Relationship to service user:
Organisation: Contact details:
Is the Client aware of this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No

Gp Details

GP name:	Surgery:
Address:	Contact Number:

Reason For Referral

Please summarise below your reasons for making this referral; giving details of what is happening in your life currently that is having a negative impact on you and what support would be helpful (please tell us what your ultimate outcome/ goal is) To ensure that the support we offer will be useful to you, please give details of any diagnosis that you have received.

Changing Lives Counselling Changing Lives IAPT Wellbeing Service Support2Recovery

Have you ever thought about suicide or acted on these thoughts? Yes/ No	<u>If you have answered 'yes' to any of these questions, please give details below.</u>
Is there anything about your life which is unsafe to yourself or others? Yes/ No	
Have you ever been violent or aggressive towards others? Yes/ No	

Preferred Venue and Availability

Support From Other Services

Please indicate whether there is currently any involvement with other agencies that are providing specific support e.g. Addaction, Inclusion, Probation Service etc. Yes No Not sure

Name: _____ Role: _____ Contact details: _____

Name: _____ Role: _____ Contact details: _____

Is there currently any involvement with a mental health professional from the NHS (psychiatrist, Care Coordinator, Support Worker etc.)? Yes No Not sure

If you answered yes to this question, please give details and include a copy of the most recent Care Plan with the referral

Name: _____ Role: _____ Contact details: _____

Date		Signature	
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For Office Use Only

Referral Actions:	Waiting letter sent <input type="checkbox"/> On Views <input type="checkbox"/> On NR&A Table <input type="checkbox"/>		
Allocated Worker:			
Date	Type of contact	Outcome	
	Telephone <input type="checkbox"/> Letter/ email <input type="checkbox"/>	Unable to contact <input type="checkbox"/> Allocate assessment <input type="checkbox"/>	
	Telephone <input type="checkbox"/> Letter/ email <input type="checkbox"/>	Unable to contact <input type="checkbox"/> Allocate assessment <input type="checkbox"/>	
	Letter/ email <input type="checkbox"/>	Deadline for contact	
When the deadline to contact has been exceeded contact the referrer to notify them that we have been unable to engage the SU and archive the referral			
	Telephoned referrer <input type="checkbox"/> Letter/ email sent to referrer <input type="checkbox"/>	Referral to be archived <input type="checkbox"/>	
Is this person appropriate for service	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does this person require signposting to more relevant services/ support If you answered yes to this question, please confirm details	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		

Completed by		Date	
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