

**HAVERING MIND**

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

**Telephone: 01708 457040 Fax: 01708 457141/457777**

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

**Note: Harrow Lodge House is not wheelchair accessible**



**LIVE A BETTER LIFE**

Health and Wellbeing Programme

**Barking & Dagenham  
Self Referral Form**



**Applicant's Personal Details:**

Forename.....Surname.....Mr/Mrs/Ms/Miss

Address.....

.....Post Code.....

Home Phone No.....Mobile.....

Email.....

Marital Status..... Position in Family.....Number of Dependants.....

Date of Birth.....Age.....Place of Birth.....

Gender Male  Female  Other  Please Specify.....

Accommodation Status.....Caring for someone **YES/NO**

Employment Status at time of Record Creation.....

Nationality .....Primary Language .....

Interpreter Required.....Communication Restrictions.....

Refugee Status Yes  No  Disability Yes  No

Disability (*Please specify*).....

CPA (please tick as appropriate) NO  ENHANCED  (Please attach risk Assessment)

Diagnosis/Presenting Symptoms.....

Physical/Learning Disabilities.....

**Next of Kin** Name..... Relationship.....

Address.....

Post Code..... Tel No..... Mobile .....

Email.....

Permission to contact this person in case of crisis/emergency YES  NO

If 'No' who else would you like contacted .....

Any other action required in case of crisis/emergency?.....

.....  
.....  
.....  
.....  
.....

**Applicant's Ethnic Origin** *Required*

<u>White</u>	Please Tick	<u>Mixed</u>	Please Tick
British		White / Black Caribbean	
Irish		White / Black Africa	
Any other White background		White Asian	
<b><u>Black / Black British</u></b>		Any other mixed background	
Caribbean		<b><u>Other Ethnic Groups</u></b>	
African		Chinese	
Any other Black background			
<b><u>Asian or Asian British</u></b>		<b><u>Any other ethnic group</u></b>	
Indian			
Pakistani		Not stated	
Any other mixed background			

**Sexual orientation** (Please tick box)

Heterosexual		Gay	
Other please state		Would rather not say	

**Religion or Belief** (Please tick box)

No religion		Jewish	
Christian		Muslim	
Buddhist		Sikh	
Hindu		Other Religion	

Please state issues you would like help with:

How long have you had this problem (e.g. weeks, months, years)?

Are you receiving help from any Mental Health Service? Yes  No

If **YES**, please state which service is supporting you

Do you have any on-going physical health problems? Please specify

Have you received, or are you currently receiving, treatment for this problem? Yes  No

If **YES**, please give details (e.g. what, when and for how long)

Are you currently taking any medication Yes  No

If **YES**, please give details

Are there any issues with alcohol or recreational drugs?

Alcohol: **Please tick box** Yes  No

Drugs: **Please tick box** Yes  No

If **YES**, please specify:

What outcomes would you like to see through using our services?  
Please give specific examples.....  
.....  
.....  
.....

**Risk Assessments:** *Please attach if available*  
1. Essential for Befriending Scheme  
2. Essential for clients on enhanced CPA  
**Do you currently feel you are a risk to yourself:** Yes/No  
**Do you currently feel you are a risk to others:** Yes/No  
**Do you currently feel at risk from others:** Yes/No  
**Forensic History:** Yes/No  
If Yes to any of the above, please specify:

**Are your family or friends concerned about any of your behaviours** Yes  No   
If Yes, please give details:

**Additional Information which may be helpful**  
(For example: *mental health history, living situation, dependants, access to home details, cultural needs, social situation, employment/education history, hobbies/interests, household pets etc.*)  
Additional Information:  
.....  
.....  
.....

**Applicants for Carer's Support**  
Person Cared For Information:-  
Relationship to Carer .....  
Gender..... Age..... Diagnosis.....  
Which services are they accessing.....  
.....  
.....

**Referrers Details**

Name ..... Tel No.....  
 Position..... Email .....  
 Referring Agency..... Team.....  
 Address.....  
 ..... Post Code.....  
 Date of Referral.....  
 Other Agencies involved.....  
**GP's Name** (required)..... Tel No.....  
 Address.....  
 ..... Post Code.....

Is there a known carer? Yes  No

Name.....  
 Contact Detail.....

Permission to contact carer Please Tick No  Yes

How/where did you hear about Havering Mind ?.....  
 .....

Thank you for taking the time to complete the referral form you now need to post or email to:  
[reach.us@haveringmind.org.uk](mailto:reach.us@haveringmind.org.uk)

Please note that 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 it back to us, please post to the address below.

Havering Mind  
 Harrow Lodge House  
 Hornchurch Road Telephone: 01708 457040  
 Hornchurch Essex RM11 1JU Fax: 01708 457777

**What happens next? – A member of our team will contact you in order to arrange an appointment to take place as soon as possible**

**Please note: Our service is not able to provide immediate support in an emergency. If you require immediate urgent help, please contact the NELFT 24 hour helpline: 0300 555 1000**

**CONSENT**

Consent to Receive Further Communications YES  NO

Communication Preferences Mail  Email  Telephone  Text

Consent to Participate YES  NO

**I agree to information sharing with other agencies**

All communications with Havering Mind are protected by the Freedom of Information Act 2000

**Applicant's Signature:** **Date:**

**Referrer's Signature:** **Date:**

**Referrer PRINT FULL NAME:**

**Company No: 4184862**

**Registered Charity No: 1108470**

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