

HAVERING MIND
Harrow Lodge House, Hornchurch Road, Hornchurch Essex RM11 1JU
Telephone: 01708 457040 Fax: 01708 457141/457777
Email: reach.us@haveringmind.org.uk

Referral Form

Note: Harrow Lodge House is wheelchair accessible to ground floor only

- | | |
|--|--|
| <input type="checkbox"/> Community Navigator Service

<input type="checkbox"/> Older Adult Supported Peer Group

<input type="checkbox"/> Live a Better Life (Health & Wellbeing) | <input type="checkbox"/> Individual Face to Face Wellbeing Meeting

<input type="checkbox"/> 18-30 Programme |
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We accept Self-Referrals (Additional information may be required)

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 In Training / Education Paid Employment
 Volunteering None of the Above
 NationalityPrimary Language
 Interpreter Required.....Communication Restrictions.....
 Refugee Status Yes No Disability Yes No
 Disability (*Please specify*).....
 CPA Yes No
 Are you receiving support from Mental Health Services? (*Please Specify*)

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 <i>Required</i>			
White	Please Tick	Mixed	Please Tick
British		White / Black Caribbean	
Irish		White / Black Africa	
Any other White background		White Asian	
Black / Black British		Any other mixed background	
Caribbean		Other Ethnic Groups	
African		Chinese	
Any other Black background			
Asian or Asian British		Any other ethnic group	
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 <input type="checkbox"/> No <input type="checkbox"/>			
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 <input type="checkbox"/> No <input type="checkbox"/>			
If YES , please give details (e.g. what, when and for how long)			
Are you currently taking any medication Yes <input type="checkbox"/> No <input type="checkbox"/>			

Type of Referral	Self <input type="checkbox"/>	Agency <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>		
Name		
Contact Detail		
Permission to contact carer Please Tick No <input type="checkbox"/> Yes <input type="checkbox"/>		

How/where did you hear about Havering Mind ?.....
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Thank you for taking the time to complete the referral form you now need to post or email to:
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 (MUST BE COMPLETED TO PREVENT A DELAY IN YOUR APPLICATION)

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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