Referral Form

*** = mandatory**

***Service/s Required** Housing Support ☐ Floating Support ☐ IRSS Community Support ☐ Mums In Mind ☐ Befriending ☐ IRSS Accommodation ☐ Smoking Reduction Service ☐ St. Clair Gardens ☐ Other?		*Date of Referral:
Title:	*Forename:	*Surname:
*Address:		*Phone number/s:
*Postcode:	*D.O.B:	*First language:
*N.I. Number:		*Does the client have an appointee? Yes ☐ No ☐
If yes, please give appointee details *(name, contact details, relationship to the referred)*:		
Has the client used CW Mind services before? Yes ☐ No ☐		
If yes, which service/s?		
***Referred by:**		*Position:
*Agency:		*Landline number:
*Email:		Mobile number:
***Reason for referral:** *(please include current mental health status, relevant history and presenting needs)*		
If you would like the support to start on/by a specific date, please give date *(IRSS only)* :		
***Physical / health / special needs:**		
*Has the client had involvement from mental health team/s (IPUs)? Yes ☐ No ☐		
If yes, which one/s?		Named worker:
***Mental health history & diagnosis** *(please include date first diagnosed, diagnosed by (name & position)*:		
***GP name:**		Contact no:

*Surgery address:	
***Consultant name:**	*Based at:
***Other agencies involved:**	

Main carer / next of kin contact details:	
Name:	Contact number/s:
Address:	
Postcode:	Relationship to client:

If the person being referred is pregnant, what is their due date? Not applicable □

Please list any children under 18 who currently live with the client: None □

Name	Date of birth	Name	Date of birth

Additional family/ relationships information:

*Equal opportunities

Coventry & Warwickshire Mind believes in actively promoting equality of opportunity. Please help us to monitor the effectiveness of our Equal Opportunities Policy, identify and challenge discrimination, and promote diversity by completing this form.

Age:

0-4 □ 5-15 □ 16-19 □ 20-24 □ 25-29 □ 30-34 □ 35-39 □

40-44□ 45-49 □ 50-54 □ 55-59 □ 60-64 □ 65-69 □ 70-74 □

75-79□ 80-84 □ 85+ □ Prefer not to say □

Gender: Male □ Female □ Prefer not to say □ Other (please state) □

Do you live and work in a gender other than that assigned at birth? Yes □ No □ Prefer not to say □

If you are female, are you pregnant, on maternity leave or returning from maternity leave? Yes □ No □

Marriage/civil part.: Are you married or in a civil partnership? Yes □ No □ Prefer not to say □

Sexual orientation:

Heterosexual □ Homosexual/Gay man □ Bisexual □ Lesbian/Gay woman □

Prefer not to say □ Other *(please state)* □

Disabilities:

Do you consider yourself to have a disability? Yes ☐ No ☐ Prefer not to say ☐

If you answered yes, which category does your disability best fit into?

Mental ☐ Physical ☐ Sensory ☐ Learning Difficulties ☐

Religion:

Christian (all denominations) ☐ Buddhist ☐ Hindu ☐ Jewish ☐ Muslim ☐

Sikh ☐ No religion ☐ Pagan ☐ Agnostic ☐

Prefer not to say ☐ Other *(please state)* ☐

Ethnicity:

White: British ☐ Irish ☐ English ☐ Scottish ☐ Welsh ☐ European ☐

Other *(please state)* ☐

Mixed: White / Black African ☐ White / Black Caribbean ☐ White / Asian ☐

Other *(please state)* ☐

Asian or Asian British: Indian ☐ Pakistani ☐ Bangladeshi ☐

Other *(please state)* ☐

Black or Black British: Caribbean ☐ African ☐

Other *(please state)* ☐

Chinese or other ethnic group: Chinese ☒ Other *(please state)* ☐

*Risk Assessment

Key to Risk Assessment:
Actual: known or disclosed occurrences or existence of risk
High: Disclosed intentions or frequent thoughts of risk
Medium: Risk present historically, but currently stable (no thoughts or intentions surrounding risk)
Low: No historical risk, no thoughts or intentions surrounding risk
? : Unknown

Risk Assessment	**Historical Risks**			**Current risk *(key above)***				
	?	**Y**	**N**	**?**	**Actual**	**High**	**Med**	**Low**
Suicidal acts / ideation	☐	☐	☐	☐	☐	☐	☐	☐
Deliberate self-harm	☐	☐	☐	☐	☐	☐	☐	☐
Violence / harm to others	☐	☐	☐	☐	☐	☐	☐	☐
Sexualised / sexually harmful behaviours	☐	☐	☐	☐	☐	☐	☐	☐
Arson	☐	☐	☐	☐	☐	☐	☐	☐
Eating disorder	☐	☐	☐	☐	☐	☐	☐	☐
Substance misuse	☐	☐	☐	☐	☐	☐	☐	☐
Neglect / poor self-care	☐	☐	☐	☐	☐	☐	☐	☐
Vulnerability to abuse / exploitation	☐	☐	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐	☐	☐

Summary of risk factors *(e.g. what, when, where, why, how often, cause for concern regarding risk)?*

*Disclosure

We are required by the Data Protection Act 2003 to have the client's consent for us to 1) request information from or share information with other services 2) keep a record of their support from CW Mind. All information will be dealt with as per CW Mind's Data protection & Confidentiality Policy.

I confirm that the client has agreed to this information being passed to CW Mind. The client understands that information may be passed to other agencies.

Please check the box to consent to the above □

Client's name: **Date:**

Referrals are occasionally received which may be deemed appropriate for one or more of our services. Please check this box if the client agrees to this referral being transferred internally if appropriate *(the client and referrer will be informed in this instance).*□

*Additional paperwork required with referral

Housing Support	Full Risk Assessment and Care Plan
Floating Support	Full Risk Assessment and Care Plan
I.R.S.S.	Full Risk Assessment and Care Plan
Mums in Mind	Full Risk Assessment
Befriending	Full Risk Assessment
St Clair Gardens	Full Risk Assessment, Care Plan and OT Assessment

*Where this form should be sent

Electronic copies	Paper copies
Housing Support – housingadmin@cwmind.org.uk	Coventry & Warwickshire Mind Wellington Gardens Windsor St, Spon End Coventry CV1 3BT
Floating Support – floatingadmin@cwmind.org.uk	
I.R.S.S. – irss@cwmind.org.uk	
Mums in Mind – mim@cwmind.org.uk	
Befriending – mim@cwmind.org.uk	
Smoking Reduction – admin@cwmind.org.uk	
St Clair Gardens – irss@cwmind.org.uk	

If you have any queries, please call us on 024 7655 2847.