mind in Croydon
for better mental health

REFERRAL FORM

Supporting people to increase their mental wellbeing through physical activity and social inclusion.

This referral form can be completed by the referrer or the client. It is recommended that if this referral form is completed by the referrer that it is completed with the client present or at least with their given consent. As clients have access to their notes, please state if there is any reason why this referral form should not be shown to them.

Terms and conditions:

a. Clients must be aged over 18, have an understanding of their mental health and show a willingness to respect the confidentiality and dignity of all staff, volunteers and service users.

b. Active Minds must be informed should the client relapse to a level where they are unable to attend the service.

c. Active Minds reserves the right to refuse or discontinue a client's placement with the service if they are in breach of their agreement or if the service is deemed inappropriate to the client.

d. Active minds activities are led by volunteers therefor we cannot provide high levels of long term support to individuals accessing the groups Please contact us prior to making the referral to discuss how we may be able to meet any additional needs

REFERRER DETAILS

Surname:	First Name:
Agency:	Team:
Position:	
Address:	
	Postcode:
Email address:	
Tel number(s):	
How are you involved in this persons' care?	

CLIENT DETAILS

Title: Mr/Mrs/Miss/Ms (delete as appropriate)	
Surname:	First name:
Address:	
	Postcode:
Tel number:	Mobile number:
Email address:	
Preferred contact:	
Date of birth:	National insurance:
Next of Kin/Person available in the event of an emergency: Name: Relationship: Contact:	

CLIENT DETAILS (cont)

What is your gender? ○ Male ○ Female ○ Transgender

What is your ethnic origin? (please tick)

- ○ White British
- ○ White Irish
- ○ Other White Background

_____

- ○ White and Black Caribbean
- ○ White and Black African
- ○ White and Asian
- ○ Other Mixed Background

_____

- ○ Indian
- ○ Pakistani
- ○ Bangladeshi
- ○ Other Asian Background

_____

- ○ Black or Black British
- ○ Caribbean
- ○ African
- ○ Other Black Background

_____

- ○ Chinese
- ○ Other ethnic group

_____

Please indicate your immigration status

○ Refugee ○ Asylum Seeker ○ EA National ○ N/A

Do you consider yourself to be a disabled person?

○ Yes ○ No

If yes, please tick the relevant options:

- ○ Deafness/partial loss of hearing
- ○ Blindness/partial loss of sight
- ○ Learning disability
- ○ Physical disability
- ○ Mental health problem
- ○ Other, please specify _____

If other, please add details

How would you describe your sexuality?

- ◯ Heterosexual (Straight)
- ◯ Bisexual
- ◯ Unsure
- ◯ Homosexual (Gay, Lesbian)
- ◯ Other

Consent for Communication

Once we have conducted an intitial consultation would you like to receive text message or phone reminders for the activities you are interested in taking part in and future appointments?

◯ Yes ◯ No

Would you like to receive information on other Mind in Croydon services?

◯ Yes ◯ No

Please give a description and history of the client's mental health

Is the client prescribed any medication? Please give details including side effects.

Does the client have a history of violent, aggressive or sexually inappropriate behaviour?
Please give full detailed report

Are there any other risks we need to be aware of? ☐ Yes ☐ No

If yes please give details:

Do you know of any other factors that may affect the client's ability to access our services?
(For example physical health, sight or mobility)

Additional Information

Please give details of any other useful information. If you have any additional reports or letters that you feel would help us please attach copies when you return this form.

I declare that the details I have given on this form are accurate to the best of my knowledge.
This referral form needs to be signed by both parties.

REFERRER *(if applicable)*		CLIENT	
Signed	_____	Signed	_____
Dated	_____	Dated	_____
Print	_____	Print	_____

RETURN THIS FORM TO: Active Minds, Orchard House, 15A Purley Road, South Croydon, CR2 6EZ