

Please Note: Referral will not be accepted if not fully completed.

Referral Source

- MAP EAST
- COAST TEAM
- LOW INTENSITY
- Older Adult
- Other Statutory Service
- JOBCENTREPLUS
- GP
- "Other" or "Other Supported Agency," Please Specify
- Recovery and Rehabilitation West Ways
- Early Intervention Team (Westways RC)
- Forensic CMHT (Westways RC)
- Home Treatment Team (Tamworth RC)
- Local Authority (Croydon Council)
- Other Supported Agency
- No Referral Source/TBC

Ethnicity

- Asian/Asian British - Bangladeshi
- Asian/Asian British - Indian
- Asian/Asian British - Pakistani
- Asian/Asian British - Other
- Black/Black British - African
- Black/Black British - Caribbean
- Black/Black British - Other
- Chinese or Other - Chinese
- Chinese or Other - Other
- Mixed - White and African
- Mixed - White and Black Caribbean
- Mixed - White and Asian
- Mixed - Other
- White - British
- White - Irish
- White - Other
- Other ethnicity, *please specify*

How often have you visited your GP about physical and/or mental health in the past year?

- Not at all
- 7 - 9 times
- 16 - 19 times
- 1 - 3 times
- 10 - 12 times
- 20 - 23 times
- 4 - 6 times
- 13 - 15 times
- 24+ times

How often have you visited secondary mental health services about physical and/or mental health in the past year?

- Not at all
- 7 - 9 times
- 16 - 19 times
- 1 - 3 times
- 10 - 12 times
- 20 - 23 times
- 4 - 6 times
- 13 - 15 times
- 24+ times

Please Note: Referral will not be accepted if not fully completed.

Does the client have a carer? Yes No

Is the client involved with any other services? Yes, please state No

Any mobility issues that would prevent the client accessing our building/community venues? Yes No

Any risk that the services needs to be made aware of? Yes No

Is the client on a CPA? Yes No

If yes, when was the last review

Reasons for referral

- Form filling
- Managing bills
- Outreach support

Select a maximum of two areas for help and support

- Managing mental health
- Physical health and self care
- Living skills
- Social networks
- Work
- Relationships
- Addictive behaviour
- Responsibilities
- Identity and self-esteem
- Trust and hope

Please ensure you print BOTH sides and return the completed referral form to:

Fairfield House
10 Altyre Road
Croydon
CR0 5LA

t: 020 8688 1210

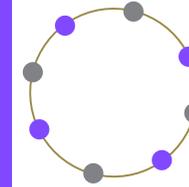
e: hub@mindincroydon.org.uk

(please do not email referral forms to this address)

w: www.mindincroydon.org.uk

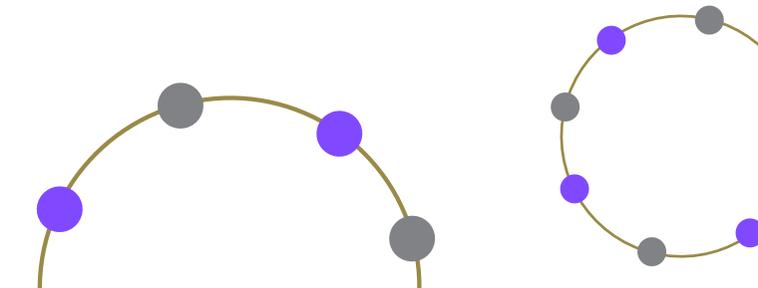
Charity no: 1073880

 Mind in Croydon



@ Fairfield

Part of Mind in Croydon's
Social Networking Service



What is the hub?

The Hub at Fairfield offers support to people with mental health problems and is part of Mind in Croydon's Social Networking Service.

How can the hub help?

The Hub supports people to understand and manage their mental and physical health issues.

The Hub provides a safe place for people who are lonely and isolated to meet and socialise with people and a place for them to receive practical help and advice.

The Hub is open on Saturdays and Wednesdays from 10am til 4pm.

How do we do this?

Assist by creating an individual support plan. We enable people to meet their goals. This is reviewed at regular intervals. A person can access The Hub for a maximum of two years.

Who is eligible?

- Adults 18 upwards years with a mental health problem
- and
- Who are accessing secondary mental health services or who has been within the last two years irrespective of their CPA status.
- or
- Who would benefit from support to prevent relapse, combat isolation, maintain recovery and develop social skills.

Who can make a referral?

Referrals are accepted from the following:

- Health and social care professionals (including G.P.s)
- Other mental health services (including voluntary services) where the person has been referred by one of the above

How can I make a referral?

Please complete both sides of this form and post to the address on the back of this leaflet.

Please do not email them.

Got any more questions?

Please contact us using the details on the back of the leaflet.



Referral Form

Person's details:

Name:

Address:

Post Code:

Tel number:

Mobile:

Email:

Gender:

D.O.B:

Is the person funded by Croydon borough Yes No

If no, who funds:

Signature:

Date:

Referrer's details: (Referrer's may be contacted for further information)

Name:

Organisation / Team:

Email:

Telephone:

Signature:

Date:

Please complete the demographics on the reverse