

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

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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

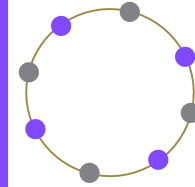
t: 020 8688 1210 (option 1)  
e: hub@mindincroydon.org.uk

(please do not email referral forms to this address)

w: www.mindincroydon.org.uk

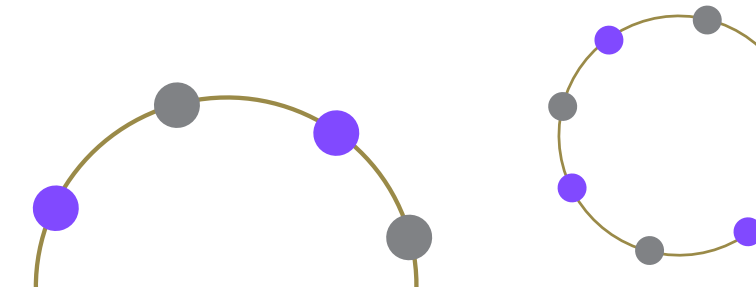
Charity no: 1073880

 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*