

Referral Form for Mental Health Support Service

Social care community support service for adults aged 18 and over, residing in Watford, Three Rivers and Hertsmere Districts of Hertfordshire - referred by HPFT's Community Mental Health Teams and other professionals working across health and social care, also accept self referrals

PRIVATE AND CONFIDENTIAL	
PART A – CLIENT DETAILS	
<p>First Name: _____ Last Name: _____ Title: _____</p> <p>Date of Birth: _____ Home Telephone: _____ Mobile Number: _____</p> <p>Address: _____</p> <p>_____ Post Code: _____</p> <p>Email: _____</p> <p>Preferred communication Method(s): <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Text Message</p>	
PART B – DETAILS OF RELEVANT PEOPLE	
<p>Next of Kin: _____ Contact number: _____</p> <p>Relationship: _____ Email: _____</p> <p>Carer's Name (if applicable) _____ Contact number: _____</p> <p>General Practitioner: _____ Tel No _____</p> <p>Address: _____</p> <p>_____ Post Code: _____</p> <p>Consultant Psychiatrist: _____ Tel No _____</p> <p>Social Worker: _____ Tel No _____</p> <p>Care Co-ordinator/Manager: _____ Tel No _____</p>	
PART C – REFERRER DETAILS	
<p><input type="checkbox"/> Self Referral <input type="checkbox"/> Professional Referral <input type="checkbox"/> Other</p> <p>Details of Referrer:</p> <p>Name: _____ Tel No: _____</p> <p>What is your relationship to the client? _____</p> <p>Job Title: _____ Email: _____</p> <p>Organisation: _____</p> <p>Address: _____</p> <p>_____ Post Code: _____</p> <p>Has the Client given consent for this Referral? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

PART D – SUPPORT REQUIRED

Reason for referral:

- ☐ Wants to build confidence
- ☐ Feels isolated
- ☐ Respite cover
- ☐ Wants to gain new skills
- ☐ Other (please specify) _____

What support do you require?

- ☐ Online Zoom Groups ☐ Group activities ☐ 1:1 Support

What time scale would you like to receive support for ?

(we can offer up to 12 months and review progress and goals every 3 months with you)

- ☐ 3 months ☐ 6 months ☐ 12 months

Activities and Interests: (Please select from the below list support that you feel would meet your needs)

- ☐ 1:1 support and goal setting (which includes a review every 3 months)
- ☐ Art
- ☐ Aspirations - Asperger's Socialising Group
- ☐ Befriending
- ☐ Borehamwood-based group
- ☐ Breathing techniques for relaxation
- ☐ Community social activities
- ☐ Cooking Skills
- ☐ Craft
- ☐ Employment and/or benefits advice and support
- ☐ Female support group
- ☐ Gardening (Seasonal)
- ☐ Health and Exercise - Gym
- ☐ Health and exercise – Walking
- ☐ Keep Calm Anxiety support group
- ☐ Male support group
- ☐ Relaxation and Mindfulness
- ☐ Rickmansworth group
- ☐ Service-User facilitated groups
- ☐ Social Discussion group
- ☐ South Oxhey social group
- ☐ Specialist groups around mental health support
- ☐ Watford-social group
- ☐ Yoga

PART E – BACKGROUND AND MEDICAL HISTORY

Diagnosis: _____

Present condition and current mental health concerns:

Details of current interventions and what is keeping the individual safe: _____

History of psychiatric hospitalisation: _____

Current Medication: _____

Relevant physical concerns/disabilities: _____

Allergies: ☐ No ☐ Yes (Please detail below)

Does individual attend an annual physical health check: ☐ Yes ☐ No

Date of last annual physical health check : _____

DNR in place: ☐ Yes ☐ No

I have been diagnosed with Autism:

☐ Yes ☐ No

I am awaiting an Autism Assessment:

☐ Yes ☐ No

PART F – CURRENT SERVICES / PROFESSIONAL INVOLVEMENT

Service	Contact	Designation	Telephone number

PART G – EMERGENCY CONTACT			
<p>Name: _____ Tel No: _____</p> <p>Address: _____</p> <p>Relation to you: _____</p> <p>(Partner, Family member, social worker, GP – please specify)</p>			

PART H – SUPPORTING DOCUMENTS	
<p style="text-align: center;"><i>The following documents to sent with this form:</i></p> <p style="text-align: center;"><i>The processing of this referral may be delayed if any of the required information is missing.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Recent History/CPA Notes/Assessment Report <input type="checkbox"/> Recent Risk Assessment (less than 6 months) <input type="checkbox"/> Protection Plan (if applicable) <input type="checkbox"/> Guideposts Trust Supplementary Client Information form <p>Please forward ALL documents via either post or email:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Address: The Manager Guideposts Trust Henry Smith House 3-5 Estcourt Road Watford, WD17 2PT</p> </div> <div style="width: 45%; text-align: right;"> <p>Email: Referrals@guideposts.org.uk Telephone: 01923 223 554</p> </div> </div>	

PART I – EXPRESSION OF INTEREST AND CONSENT	
<p>Name: _____ Tel No: _____</p> <p>I would like to attend an initial interview to discuss the possibility of joining the service and provide consent for the Referrals Department to contact me on the above contact number</p> <p>Signed: _____ Date: _____</p>	

FOR GUIDEPOSTS TRUST INTERNAL USE	
<p>Date Referral Received: _____</p> <p>Supporting Documents received : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Referral case opened on CIVI: _____ Case No: _____ ID No: _____</p>	

Guideposts Trust Supplementary Client Information form

- ✓ This form should be completed by the person being referred (whenever possible).
- ✓ When completed, this sheet should accompany the main referral form.

I describe myself:

- ☐ With physical disability
- ☐ With learning disability
- ☐ With behaviour and emotional disability
- ☐ With developmental disability
- ☐ With NO perceived disability
- ☐ Not stated (person asked but declined to provide a response)

I describe my Ethnic Group as:

- | | |
|---|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Any other White background | <input type="checkbox"/> Any other Asian background |
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> White and Black African | <input type="checkbox"/> African |
| <input type="checkbox"/> White and Asian | <input type="checkbox"/> Any other Black background |
| <input type="checkbox"/> Any other mixed background | <input type="checkbox"/> Any other ethnic group |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Pakistani | |

I describe my religious belief as:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> No religion |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Muslim | |

I describe my sexual orientation as:

- ☐ Heterosexual
- ☐ Homosexual
- ☐ Bisexual
- ☐ Other
- ☐ Not known
- ☐ Prefer not to say

I describe my Gender as:

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Not Known
- ☐ Prefer not to say

I describe my marital status as:

- ☐ Single
- ☐ Married
- ☐ Civil partnered
- ☐ Divorced
- ☐ Widowed

☐ Prefer not to say