Professional Referral

\*Please complete all sections of the referral form. Any information missing may cause a delay in the referral process.

Please gain consent of individual prior to referring them to our service.

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| **Has the client consented to this referral? Yes /No** Consent to contact by: Telephone/Mobile: **Yes /No** |
| Consent to contact by Letter**: Yes /No** Can we say who we are by Text or voice message: **Yes /No** |
| Consent to be contacted by a volunteer: **Yes/No** |
| Any disability requirements? **Yes/No** Any literacy difficulties? **Yes/No** Interpreter required? **Yes/No** |

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| Referrer’s details |
| Referral Date: | Your name (referrer):Your organisation:  | Job title and contact details: |
| Service user’s details |
| Forename: | Surname: | Gender: | DOB: |
| Address:Postcode: | NOTE: If **NFA**, ask *‘Are you in receipt of Benefits?’*If Yes, use address which they claim from. |
|  Home Number Mobile Number Email: |
| Consent to contact GP: **Yes /No**GP Surgery address | Next of kin detailsName:Relation to client: Contact Number: |
| ALCOHOL USE: **Yes /No***Specify how much and how often*  | Please tick areas of concern: ***Physical Health, Emotional Health, Family, Relationships, Housing, Work****,* ***Employment, Finances, Illegal Activities*.** |
|  DRUG USE**: Yes /No**Specify drugs used and how | Please tick areas of concern:**P*hysical Health, Emotional Health, Family, Relationships, Housing, Work, Employment, Finances, Illegal Activities*** |
| IS CLIENT OR PARTNER PREGNANT (IF YES GIVE DUE DATE) |  |
| Current/history of mental health Current/ history self-harm or suicidal thoughts/plansPlease specify  |  |
| Does client **need** to be seen by a male or female worker?Please specify |  |
| Other service involvement (Social Care, probation, CMHT, Health Visitor):Please specify  |  |
| Criminal Justice (current or past cautions)Please specify |  |
| Any children which may be in need/Risk:Please specify  |  |
| Physical health conditions or symptoms which are likely to require treatment:Please specify |  |
| Client may present harm to self or others(threatening behaviour, verbal aggression, physical aggression):Please specify |  |
| ***Any other Information we need to know:*** |

[Professional Referral - Inclusion Hants](https://www.inclusionhants.org/professional-referral/).

This form can be emailed to: inclusionhants@mpft.nhs.uk