|  |  |
| --- | --- |
| **Referring professional details** | |
| Name: | Team: |
| Location where you support client: | Contact number: |
| Role: | Email address: |
| **Eligibility criteria (please tick - patient must meet all three) – *Part 1*** | |
| Client resides in Hounslow | |
| Client has mild to moderate mental health needs | |
| Client is over 18 | |
| **Consent** | |
| Are there any issues with the client’s capacity to instruct a member of staff?  Yes  No  If yes, is a capacity assessment attached on the form?  Yes  No  If not, why not ………………………………………………………………………………………………  If no, has the client consented to the referral?  Yes  No | |
| **GP Details** | |
| Name of Surgery:  Name of GP:  Address:  Phone Number:  Email Address: | |
| **Patient details** | |
| Title: | Full name: |
| Date of birth: | Mobile no: |
| Address: | Landline no: |
| Postcode: | Email: |
| Mental health conditions: | Physical health conditions: |
| Does the client have any dependents living in the same house as them?  How many dependents?  Are they adults or children?  How old are the children? | |
| Can client be seen alone?  Yes  No | Urgency of Case please explain and tick one of the boxes below:  Critical (tick if there is a high risk or immediate deadline)  High  Medium  Low |
| **Risks** | |
| Please summarise any risks below: | |
| **Why would this project be beneficial to the client?** | |
|  | |

**Equal Opportunities**

**If you have completed this referral on behalf of someone else due limited communication or lacking capacity around these questions, please indicate:**

Yes   
No

**I define myself as:**

Prefer not to say

Female

Male

Gender Binary

Transgender

**Please describe your sexuality:**

Prefer not to say

Lesbian

Gay

Heterosexual

Bisexual

Questioning

Not known

Other

**Please describe your religious beliefs:**

Prefer not to say

Buddhist

Christian

Sikh

Hindu

Muslim

Jewish

Any other religion

No religion

Not known

**Please describe your ethnic origin/background:**

|  |  |
| --- | --- |
| **Prefer Not to Say** | Prefers not to say |
| **White** | English/Welsh/Scottish/Northern Irish |
| Irish |
| Irish Traveller or Gypsy |
| Any other white background (please specify) |
| **Mixed Ethnic Groups** | White and Black Caribbean |
| White and Black African |
| White and Asian |
| Any other mixed background (please specify) |
| **Asian/Asian British** | Indian |
| Pakistani |
| Bangladeshi |
| Chinese |
| Any other Asian background (please specify) |
| **Black/Black British** | African |
| Caribbean |
| Any other Black/African/Caribbean background (specify) |
| **Other Ethnic Group** | Arab |
| Any other ethnic group (specify) |
| **Ethnicity Not Known** | Ethnicity not known |

**Do you consider yourself to have any of the follow:**

Prefer not to say

Mental ill health

Physical disability

Cognitive impairment

An acquired brain injury

An acquired brain injury

A learning disability

Asperger’s/Autistic Spectrum

Dementia/Alzheimer’s

Sensory impairment

Not known