**Referral**

*Thank you for contacting Northamptonshire Mind – We ask you for your personal information so that we can provide the right support for you. We also work with other partners who can also provide support. Do you consent to giving us this information and to share it with partners who we work with so that we can provide the best support. The information you give will only be used for the purpose of providing support and services you have said to us you need.*

***I consent to the above: yes/no***

**Please complete this form in full (BLOCK CAPITALS if written)**

**Name (Full):** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alternative Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender and Pronouns: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ethnicity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you consider yourself to have any disabilities that would require any assistance or adaptations?**

Please provide details if yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you consider English to be your preferred language?**

Please provide details if no\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please tick your local Northamptonshire Mind branch where you would like to access services.**

West Northamptonshire: Northampton [ ]  Daventry [ ]  Towcester [ ]  Brackley [ ]

North Northamptonshire: Corby [ ]  Rushden [ ]  Wellingborough [ ]

**How may we contact you? (Please tick all that apply)**

**Phone**  [ ]  **Text** [ ]  **Email** [ ]  **Post** [ ]

**Please provide a brief summary of the difficulties you are experiencing at the moment.**

|  |
| --- |
|  |

**How did you hear about our services?**

|  |
| --- |
|  |

**Other Agencies**

**Please provide details of any other agencies/professionals that are currently supporting you**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **ORGANISATION** | **EMAIL** | **TELEPHONE** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Self-referral Signature: Date:**

**Professional Referral: Is the referee aware of this referral being made? Y/N**

**Name: Telephone:**

**Organisation: Email:**

**Signature: Date:**

*Once we receive your referral, we will contact you to arrange an appointment to complete an assessment. The assessment process will take approximately 40mins -1hour to complete with one of our members of staff. Please be aware that due to increased demand, our services do have a waiting list. You will be informed of this during the assessment process.*

**Where did you hear about us?**

**Confidentiality and Data Protection**

Northamptonshire Mind is committed to maintaining client confidentiality. All information about you is held securely and not shared with anyone outside our organisation without your permission, or unless exceptional circumstances occur.

If we believe there is a risk of harm to you or someone else, we will inform the appropriate person (such as your GP or other health professional), but we would always endeavour to discuss this with you in advance.

For further information please view our Privacy Policy