**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Doctors Surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Doctors Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency contact**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship: \_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_**

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

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

**Would you consider English to be your preferred language? Y/N**

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** [ ]

**Which areas do you feel you need support from right now?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Counselling**  | [ ]  | **Peer Support Groups** | [ ]  | **1-1 & Emotional Support**  | [ ]  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Wellbeing Education Courses**(Please circle topic) | [ ]  | **Anxiety** | **Anger** | **Depression** | **Food and Mood** |
| **Stress and Emotional Resilience** | **Life Transitions** | **Self-Awareness** |

**Counselling** is a talking therapy which helps to explore your personal problems with a counsellor. They will support you to address your problems and issues in a positive way by helping you to clarify, explore options, and increase self-awareness. 6 Sessions are offered for 50 Minutes, on the same day at the same time each week; you must be able to commit to this.

**1:1 Support** consists of 6 30 minute sessions of low-level structured support with a Mind Support Worker. Our Mind Staff will talk through any issues you are currently experiencing, and your worker will help you set goals and make a plan for what you want to focus on.  It could be finding healthy ways to cope with difficult emotions; building up your confidence or self-esteem or working through any other issues that you are experiencing.

**Peer Support Groups** are therapeutic groups either exploring a mental health theme or enjoying an activity. The groups we run include social groups, life skills, coffee and quiz, healthy relationships, Fresh Minds for 18-25 years, arts and crafts, cooking, walking, men’s group, ladies' group, confidence group and creative writing.

**Wellbeing Education Courses** are 4-week courses run both face-to-face and online. **You must book your place.**

**Detailed Reason for Referral and Availability**

(Where sufficient detail is not provided to warrant a referral, this form may be returned)

1. **Please provide, in full, information about you and your situation.**
2. **What days/times are you available for counselling/1:1 support?** (we are open *Mon to Fri, 9:30 -5:00, sites vary, no weekends)*
3. **Please list any medications you are currently taking:**

**Experiences & Mitigating Factors (**Please tick all that apply**)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Suicidal Thoughts** | **Self-Harm** | **Substance/Alcohol Misuse** | **Obsessive & Compulsive Behaviours** |
| **Suicide Attempts** | **Addictive Behaviours** | **Violence and aggression towards others** | **Low Self-****Esteem/Confidence** |
| **Bullying and/or harassment** | **Neglect and/or Abuse** | **Domestic Violence/Abuse** | **Loss/Bereavement** |
| **Historical CSA/Sexual Assault** | **Chronic Illness** | **Trauma** | **Neurodiversity (Learning Disability/ADHD/ASD)** |
| **Personality Disorder** | **Current/Ex Armed Forces** | **Homelessness** | **Carer for other/s** |
| **Young person Leaving Care** | **Refugee** | **Offender/Ex Offender** | **Anger Issues** |
| **Anxiety** | **Eating Disorder** | **Family/Relationship issues** | **Gender Identity Concerns** |
| **PTSD** | **Depression** | **Auditory or Visual Hallucinations** | **Other (Please state)** |

**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.*