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**Healthy Minds Community Programme**

**Referral Form**

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| **Section One – Internal Use Only** |
| Date:Referral taken by: (Person completing initial meeting)Method: | How did you hear about HMCP:Navigator Opt in? Yes | No Interested in GSTG: Yes | No |
| **Section Two - Personal Details**  |
| First name: | Surname: |
| Preferred name:  | D.O.B: |
| Gender: Male/ Female/ Transgender/ Other  | Email: |
| Mobile:  | Home: |
| Address: |  |
| Preferred method of contact: | Mobile | Home Phone | Email | Letter |
| Would you like to receive our email newsletters?Yes | No | Would you like to receive our text message updates?Yes | No |
| Emergency Contact | Name:Contact Number:Relationship:Additional information: |
| Date of first meeting: |  |
| **Ethnicity – Please Circle** |
| White | English/Welsh/Scottish Northern Irish/British | Irish | Gypsy/Irish Traveller | Other White background |
| Mixed | White & Black Caribbean | White & Black African | White & Asian | Other Mixed |
| Asian/Asian British | Indian | Pakistani | Bangladeshi | Chinese | Other Asian |
| Black/African/Caribbean/British | African | Caribbean | Other Black/African/Caribbean background |
| Other Ethnic Group | Arab | Other Ethnic Group |

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| **Section Three – Self Assessment** |
| Do you identify yourself as having physical or learning needs? | Yes | No |
| If you answered yes, please could you provide us with more detail to ensure we can best support you |
| Do you identify yourself as having mental health needs? | Yes | No |
| If you answered yes, please could you provide us with more detail to ensure we can best support you |
| Referrer Details:OrCare coordinator:(please indicate which) | Name:Address:Email Address:Contact Number: |
| Cluster:(if applicable-circle as appropriate) | Psychosis Services (Recovery & Rehabilitation) | Services for Ageing and Mental Health (SAMH) | Psychosis Services (Outreach) | Non-Psychosis Services (Community Mental Health) | Other: |

When I have difficult days with my mental or physical health, is there anything I struggle with in particular?

*e.g: My sleep, my mood, my self-care, suicidal thoughts, anger*

Are there any triggers which make things worse for me and how best can these be managed?

What risks can I present to myself or others (if any)?

What helps me?

*I agree that Mind in Camden may need to share information from this form, and any concerns regarding my health or welfare with partner organisations who I engage with through Healthy Minds, and/or named professional.*

*Signed……………………………………………………………………………………………*