



For better mental health

Portsmouth Mind

Referral Form

Excl Community Links (to be completed with your client)

Completed application forms should be sent to:

The Administrator, Portsmouth Mind, Fratton Community Centre, Trafalgar Place, Portsmouth, PO1 5JJ
Telephone: 023 9282 7070 E-mail: info@portsmouthmind.org.uk

Ace of Clubs

Womens Group Bands

Please complete both pages

REFERRER'S DETAILS (if not self referral)

Name: Position: Signature:

Agency: Team Leader: Date of Referral:.....

Address:

..... Telephone:

CLIENT'S DETAILS

Name: Date of Birth: Sex:

Address:

.....

Telephone:

Please describe your ethnicity.

White British		White Irish	
White Other		Mixed White & Black African	
Mixed White and Asian		Mixed Other	
Black Caribbean (Black or Black British)		Black African (Black or Black British)	
Other (Black or Black British)		Indian (Asian or Asian British)	
Pakistani (Asian or Asian British)		Bangladeshi (Asian or Asian British)	
Other (Asian or Asian British)		Chinese	
Chinese (Other)			

Doctors Name: Telephone:

Care Co-ordinator: Telephone:.....

Other Support Contacts:.....

Telephone:.....

Next of Kin: Telephone:.....

Do you consider yourself to have a disability? Excluding Mental Health problems. If so, please specify

.....

IMPORTANT CLIENT INFORMATION

Please be as thorough as possible when filling out this form.
This will help us to determine the level of urgency

Please give an indication of your client's physical health/mobility, listing any medical problems e.g. diabetes, epilepsy, haemophilia etc:

Please give details of other activities undertaken by the person being referred. (i.e. Leisure/Recreation, Interaction, Ace of Clubs, Port of Call, Employment)

Please indicate the aims, goals and expected outcomes?

Please give details of any interests, hobbies and cultural needs of the client and any information that may help us to support this person successfully. Please include any special dietary requirements

Please give an indication of your client's mental health difficulties e.g. panic attacks, fears, phobias, strong likes or dislikes.

Please give details of any risks associated with your client? Please attach a current Risk Assessment / CPA paperwork

CLIENT CONSENT & DATA PROTECTION

Portsmouth Mind will use the information recorded on this form to enable us to provide safe, suitable and effective support to you. The information will be stored securely and access will be limited to those involved in providing this support. We will not pass the information to any other person(s) or organisations without your express consent. All data is subject to the Data Protection Act 1998.

Please sign below to acknowledge acceptance of the above and to this referral being made.

Client's Signature: Date: