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| **REFERRER INFORMATION** |
| **Referral Completed by:** | **Date of referral:**  |
| **Contact Details:** (*Please provide preferred communication method to receive patient updates and information)* | **Profession:**  |
| **Service User GP surgery:**  | **PCN:** **Hub Locality:**  |

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| **SERVICE USER DETAILS**  |
| **Title:** | **Forename:** | **Surname:** | **Date of Birth:** |
| **Address & Postcode:** | **Home Telephone:****Mobile Number:** | **Interpreter required?**YES[ ] NO[ ]  |
| **Gender Identity:**Male [ ] Female [ ] Transgender Male [ ] Transgender Female [ ]  Agender [ ] Gender fluid [ ] Prefer not to say [ ] Other (please specify):  | **Sexual Identity:**Heterosexual [ ] Bisexual [ ] Homosexual [ ] Pansexual[ ] Asexual[ ] Prefer not to say [ ] Other (please specify): |
| **Ethnic Origin:**White British [ ]  White-Irish [ ]  Other White [ ]  Black/Black British – Caribbean [ ]  Black/Black British – African [ ]  Black/Black British - other [ ]  Asian/Asian British Indian [ ]  Asian/Asian British Pakistani [ ]  Asian Other [ ]  Chinese [ ]  Mixed other [ ]  Other (please specify): | **Disability** Behavioural and Emotional [ ] Hearing [ ] Learning Disability [ ] Cognitive [ ] Mobility and Gross Motor [ ] Sight [ ] Speech [ ] Personal self-care [ ] Physical Health [ ] No Disability [ ] Other (please specify): |
| **Disability: Please identify Disability**Behavioral and Emotional [ ]  Hearing [ ]  Learning Disability [ ]  Manual Dexterity [ ]   Mobile and Gross Motor ☐ Sight ☐ Speech ☐ Perception of physical danger [ ]   Personal self-care and continence [ ]  Progressive conditions and Physical Health [ ]  No Disability [ ]  Other (please state):  |

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| **Peer Navigation** |
| **Support required:**Accommodation [ ]  Employment/ Training[ ]  Education [ ]  Money management [ ]  Council Tax/Benefits [ ]  Finding meaningful activity [ ]  Health Advice [ ]  Making friends [ ] Family/peer relationships [ ]  Take an active role in their health and wellbeing [ ]  LGBTQI+ [ ] Other (please state):  |
| **What would the service user like to achieve?** |
| **Risk Management** |
| **Who does the service user live with:**Alone [ ]  With Spouse/partner [ ]  With Family [ ]  In Residential Accommodation [ ]  Prefer not to say[ ]  Care Leaver [ ]  In Care [ ] Other(Please state):**Does the service user have parental responsibility for children aged under 18?** Yes [ ]  No [ ]  Declined to answer [ ] **Do any of the children live with the service user?**Yes [ ]  No [ ]  Other(Please state): |
| **Are there any Safeguarding concerns related to the service user?**Yes [ ]  No [ ]  **If yes, please provide details** |
| **Does the service user display any behaviour which can increase risk to themselves or others?** |

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| **Processing and Disclosing Data:** |
| I understand that Rethink Mental Illness may be required to provide my personal data to the public body which commissions Rethink Mental Illness services.I confirm staff have discussed with me the circumstances when and the reasons why they may have to disclose personal data without my consent.I am happy for Rethink Mental Illness may use my personal data, including concerning my health, to undertake evaluation and research in order to help plan and improve services.I give consent for Rethink Mental Illness to use my personal data as explained in this form, and to share the following data with the following agencies or individuals.  |
| **Has the person provided consent to be referred to Rethink Mental Illness?**Yes [ ]  No [ ]  |