**DATE OF REFERRAL:**

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| **PERSONAL DETAILS** | | | | |
| **Title:** | **Forename:** | | **Surname:** | **Date of Birth:** |
| **Address & Postcode:** | | **GP Name & Address:** | **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): | |
| **Are you in care or a care or a care leaver?** *(If yes, please specify which)*  No  Yes | | | | |
| **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): | |

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| **Your Support** |
| *Please tick what you need support with from the following:*  Accommodation  Employment/ Training Education  Money management    Council Tax/Benefits  Finding meaningful activity  Health Advice  Making friends  Family/peer relationships  Take an active role in my health and wellbeing  LGBTQI+  Other (please state): |

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| *Tell us more about yourself and what you would like to achieve with us.* |

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| **Risk Management**  *Please give us as much information as possible.* | |
| **Have you ever had thoughts of self-harm?** | |
| **Are you currently self-harming?** | |
| **Do you have thoughts of ending your life?** | |
| **Who do you live with?**  Alone ☐ With Friends  With Spouse/partner ☐ With Family ☐  In student Accommodation ☐ Foster parent  Prefer not to say ☐  Other (Please specify): | |
| **Do you have parental responsibility for children under the age of 18?**  Yes  No  Decline to answer | **Do any of the children live with you?**  Yes  No  Other (Please Specify): |

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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. |
| **Are you happy to proceed with this referral to Rethink Mental illness?**  Yes  No |