

Surrey Community Connections Services

Surrey Services promoting and supporting mental health and wellbeing
(Please see organisation details on rear of form)

Universal Referral Form
- please complete all sections

For office use only

Date referral received:
Date of first response to referral:

Personal Information

Title: Mr Mrs Miss Ms Dr Other:

Gender: Male Female Other Prefer not to say

NameSurname.....Date of Birth

Address
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.....

Postcode..... Tel No

Mobile Email

Please tick if you DO NOT wish to be contacted by email

Preferred contact method?

Reason for Referral and What would you like to achieve?

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What do you feel we need to know about your well being and physical/mental health?

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Emergency Contact:
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Supporting statement (optional)

Additional information

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Professionals Involved

Self Referral: Yes/No Where did you hear about our service?

Referrer's Name:

Address:

Postcode: Telephone:

Is there a current risk assessment available?: Yes / No (If yes, please include where appropriate)

Mental Health Professional/Organisation:

Tel No:

GP (Practice & Name):

Tel No:

Other:

Tel No:

Ethnicity (please circle)

English/Welsh/Scottish/ Northern Irish/British Irish Gypsy or Irish Traveller Other White background	White & Black Caribbean White & Black African White & Asian Other Mixed/Multiple background	Indian Pakistani Bangladeshi Chinese Other Asian background	African Caribbean Other Black/African/ Caribbean background	Arab Any other background Refused
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Disability and Carer status (please circle)

None	Physical	Visual Impairment	Hearing Impairment	Dual Sensory	Learning Disability	Autism
Are you a Carer?		Yes / No				

Religion (please circle)

Buddhist	Christian	Hindu	Jewish	Muslim	Sikh
Other	None	Not willing to disclose			

In accordance with the Data Protection Act of 1998, all information provided on the referral form and in any further dealings with the Surrey Community Connections and Employment Services will be treated as confidential and will not be disclosed to any third party outside of the Partnership without express consent from the client.

However it is important that you understand that on occasions organisations are obliged to share certain information e.g. an individual is at risk to self or others, and may need to inform services such as Local Safeguarding of Vulnerable Adults Team; Child Protection Team; other staff; Service's Regulator(s) and other agencies. Should this need arise the Service will make every effort to discuss this with you prior to any information being shared.

Signed Client:

Date:

Signed Referrer (where appropriate):

Date:

Please attach any relevant paperwork as appropriate

<p>Mary Frances Trust 23 The Crescent Leatherhead Surrey KT22 8DY</p> <p>info@maryfrancestrust.org.uk</p> <p>Tel: 01372 375400 Text (SMS): 07929 024722</p>	<p>Richmond Fellowship Redhill 3rd Floor Rawlinson House 9 London Road Redhill Surrey RH1 1LY</p> <p>redhill@richmondfellowship.org.uk</p> <p>Tel: 01737 771282</p>	<p>SAdAS – Welcome Project 14 Jenner Road Guildford Surrey GU1 3PL</p> <p>info@sadas.org.uk</p> <p>Tel: 01483 590150 Text (SMS): 07860 021253</p>
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