**NEW FOREST WELLBEING SERVICE REFERRAL FORM**

Date of referral:

Please indicate which centre the referral is for:

Marcella House, Hythe [ ]  The Hollies, New Milton [ ]

**PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name & Preferred Name |  | Surname |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Birth |  | Gender |  | Nationality |  |

Marital status: Single/Married/Separated/Divorced/Civil partnership/Co-habiting/Widowed

|  |  |
| --- | --- |
| Address |  |
|  | Postcode |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone Number |  | Mobile Number |  |

Permission to leave a message on the above numbers: Yes/No

Email address (PLEASE WRITE CLEARLY):

(If we cannot contact you by telephone we will email you.)

|  |  |
| --- | --- |
| Are you currently in the armed forces?  | Yes/No |
| Have you previously served in the armed forces? | Yes/No |
| Are you a spouse, partner, widow(er) of current member of armed forces? | Yes/No |
| Are you a son or daughter of current member of armed forces?  | Yes/No |
| Are you currently in paid employment?  | Yes/No |
| Are you currently signed off from work?  | Yes/No |
| Are you currently in education?  | Yes/No |
| Are you currently volunteering?   | Yes/No |

Emergency contact name:

Relationship to you:

|  |  |
| --- | --- |
| Address |  |
|  | Postcode |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone Number |  | Mobile Number |  |

|  |
| --- |
| **PLEASE GIVE NAMES, ADDRESSES AND CONTACT NUMBERS OF ANY SUPPORT AGENCIES INVOLVED:** |
| GP(required in order to process referral) | Name of GP:Surgery: Telephone number:  |
| Probation Officer/Youth Justice Officer | Name: Address:Telephone number: |
| CPN / Care Co-ordinator | Name:Address:Telephone Number: |
| Social Worker/Care Manager | Name:Address:Telephone Number: |
| Support Worker/Carer | Name:Organisation:Address:Telephone Number |
| Other | Name:Organisation:Address:Telephone Number: |

**REFERRER’S INFORMATION (if self-referral please do not fill in this section)**

|  |  |
| --- | --- |
| Referrer’s name: |  |
| Referrer’s agency & address: |  |
| Contact number: |  |
| Email address: |  |
| Relationship to person: |  |

**IMPORTANT: Referrals from Southern Health require RIO risk information to be included. REFERRALS WILL NOT BE PROCESSED IF RIO RISK ASSESSMENT AND OTHER RELEVANT DOCUMENTATION IS NOT PROVIDED.**

Please ensure that the person you are referring has signed the referral form; without a signature we cannot process the referral.

Brief outline of mental health issues including details of diagnosis and previous support received for mental health issues

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Any physical health problems/mobility issues/diagnosis of Aspergers/autism or special needs that staff need to be aware of, including any side effects from medication

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|  |
|  |

Goals hoped to be achieved by accessing the service:

|  |
| --- |
| 1. |
|  |
| 2. |
|  |

Working Agreement – New Forest Wellbeing Service

1. The New Forest Wellbeing Service welcomes all service users and visitors who will be treated with dignity, fairness and respect. We will provide you with a safe environment where you can discuss your needs and the goals you want to achieve by using the service. You will be listened to by staff who work in a supportive and non-judgmental way.
2. The groups we provide are about learning recovery-focussed skills to manage emotional and mental wellbeing. There needs to be a certain level of wellness with you in order to commit to a 6 – 8 week course and to benefit from them. The service is unable to provide counselling or other psychological therapies but we can sign post you.
3. We ask that, as far as possible, you attend appointments or groups on time. If you are unable to attend or are going to be late please could you inform us as soon as possible. Please arrive 5 – 10 minutes before your scheduled group or appointment. Please note that if you arrive earlier than this you may not be able to access the building.
4. If you do not attend appointments or groups and have not contacted us then we will have to close your file.
5. We are only able to provide scheduled appointments. Please do not attend the centre unless you have an appointment or attending a group as we are unable to offer unplanned appointments due to staffing commitments.
6. Confidentiality is central to a safe environment. Anything that you talk about will be kept confidential, although information may be shared within the team to help in providing continuity of support. There are certain circumstances where we may have to break confidentiality i.e. if we believe you are a risk to yourself or others including children, then we are obliged to bring concerns to the attention of the appropriate agencies. If the police or courts ask for information relating to a criminal investigation then we are obliged to comply with such requests. Please note if you have been referred by the Community Mental Health Team we will share relevant information with this team. All personal information is held securely according to Solent Mind’s Data protection policy.
7. As part of a safe environment we ask that you treat others with respect. Any conversations or comments deemed inappropriate or offensive will be interrupted and challenged. Violence of any type will not be tolerated and the police will be called if there is an immediate risk or verbal or physical aggression.
8. We cannot work with someone who attends while intoxicated or under the influence of substances. You will be asked to leave. If staff believe that you are at immediate risk of harm to yourself or others then we will need to inform someone able to directly manage that situation.
9. Staff at the wellbeing centres will work with you on a professional basis and will not give out personal contact details and will not respond to any requests on social media such as Facebook. Staff are unable to accept personal gifts, however a token gift will be accepted if it can be offered to the whole staff team.
10. Staff will not become involved in any financial dealings with you nor be in receipt of account details including pin numbers. If you require support in this area we will endeavour to signpost you to appropriate services.
11. As the start date for a group approaches we will contact you by text or email to confirm the date and time and to confirm if you still wish to attend. We will require a confirmation from you or your place may then be given to someone else due to high demand for the service. If you do not have a mobile phone we will endeavour to contact you either by email or landline to confirm the start date for groups. If you have any queries please contact us by telephone; we may not be able to respond to any text message enquiries.
12. Please be aware that we are unable to offer a crisis support. If you feel you are in crisis please contact your GP, or if out of hours please dial 111. Please contact the community mental health team if you are under their care or you can call the Samaritans on 116 123 or Saneline on 0300 304 7000 (4.30pm – 10.30pm) if you wish to talk to someone.
13. If you have a complaint it will be listened to and investigated. In the first instance you can speak to any member of staff. If your complaint is unable to be resolved you can write to the service manager, who will investigate and deal with it according to the complaints procedure.
14. The service operates a no smoking policy, including e-cigarettes on its premises.

**(If referring an individual please make sure that they have read this agreement and have signed the referral form)**

**How did you hear about our service?**

Family [ ]  Friend [ ]  GP [ ]  iTalk [ ]  Website [ ]  Other (please state)

**Do you consider that you have a disability or long-term medical condition?**

Yes [ ]  No [ ]  Rather not say [ ]

**Sexual Orientation**

Which of the following best describes how you think of yourself?

Bisexual [ ]  Heterosexual [ ]  Gay man [ ]  Gay woman [ ]  I prefer not to say [ ]

Other (please state)

**Ethnicity**

Which is your ethnic group? Tick the appropriate box to indicate your cultural background:

**White:**

English, Welsh, Scottish, Northern Irish or British White Irish [ ]

Irish [ ]

Any other White Background (please specify)

**Mixed or multiple ethnic groups:**

White & Black Caribbean [ ]

White & Black African [ ]

White & Asian [ ]

White & Chinese [ ]

Any other mixed background (please specify)

**Asian or Asian British:**

Bangladeshi [ ]

Indian [ ]

Pakistani [ ]

Any other Asian background (please specify)

**Black or Black British:**

Black or Black British Caribbean [ ]

Black or Black British African [ ]

Any other Black Background (please specify)

**Chinese, Arab or other Ethnic Group**

Chinese [ ]

Arab [ ]

Any other ethnic background (please specify)

**Religion**

What is your Religion (i.e.: Christian, Jewish, Muslim, etc)?

None [ ]  I prefer not to say [ ]

**I have read this referral form and I confirm the information contained within it is accurate. I give consent for this information to be shared with other professional agencies when appropriate. I have read and agree to abide by the working agreement.**

**Signed**

**Date**

**(Receipt of completed email will act as acceptance of working agreement, confirmation of accuracy of information and consent for us to share information with other professional agencies when appropriate.)**

PLEASE RETURN THE FORM TO:

Marcella House

Jones Lane

Hythe

Southampton

SO45 6AW

Or Email:**nfwreferrals@solentmind.org.uk**

**PLEASE NOTE INCOMPLETE REFERRALS WILL BE RETURNED AND MAY CAUSE DELAY TO ACCESSING THE SERVICE**

**Thank you for your referral we will either telephone you or email you once we have processed your referral.**

