

Name of client:		Date of Birth:
Current address:		
Phone number:		Mobile:
Email address:		
Referral type: (Please tick)		
<input type="checkbox"/> Self referral <input type="checkbox"/> Referred by GP <input type="checkbox"/> Referred by Yarlinton Housing <input type="checkbox"/> Referred by Somerset Partnership NHS Foundation Trust <input type="checkbox"/> Stepping Stones Courses <input type="checkbox"/> Somerset Community RightSteps referrals only* <input type="checkbox"/> * Training <input type="checkbox"/> *Loss Course <input type="checkbox"/> * Mentoring <input type="checkbox"/> *Anger Course <input type="checkbox"/> Adult counselling <input type="checkbox"/> Young carers counselling – Referrals from Young Carer’s team only <input type="checkbox"/> Emotional Outreach service		
Referrer details:		
Telephone/Email:		
In case of emergency please contact:		Relationship:
In case of medical emergency is there anything you need me to do for you if a medical emergency occurs.		
Any other relevant agency in statutory services: GP, Therapist, floating support worker etc. Name/address:		
Telephone/Email: (Please advise us of your doctors name, surgery address and phone number)		
If you are new to the area please provide details of previous contacts as above:		

Special requirements:

Reason for referral being made:

Presenting issues:

Starting Improvement/progression score
(1 = feeling very unwell and 10 feeling very well)

1 2 3 4 5 6 7 8 9 10

Hopes for the future and **key outcome** required:

Other beneficial "indirect" outcomes:

NOTE: It is important that all referred service users read and understand the referral procedure and general guidelines of South Somerset Mind. The staff will be happy to explain and answer any queries.

Declaration to be signed by referrer (or person requiring service if self referral)

I/We have read, understood, agreed with and completed all the questions on the form

Signature..... Date.....

How did you hear about South Somerset Mind?

.....
From time to time we may take photographs of activities at South Somerset Mind, if you do not wish to be included in any photographs that we may use in our publicity please tick here

Please note we will add you to our database so that you receive information on South Somerset Minds activities, events and opportunities please tick if you **do not** want to receive any information

We use anonymous case studies to help us to report to funders and other agencies the experiences that people have at South Somerset Mind, if you **do not** wish us to use you in a case study please tick here