 **MENTAL HEALTH ADVOCACY- REFERRAL FORM**

**Person’s contact details**

|  |  |  |
| --- | --- | --- |
| Self Referral: Yes/No | | |
| **Name:** | | **Date of Birth:** |
| Address:  Safe to contact home address Yes  No | | |
| Landline:  Safe to contact Landline Yes  No | Mobile:  Safe to contact mobile number Yes  No | |
| Email Address: | | |
| Languages Spoken : | | |
| Immigration Status (if known): | | |

|  |  |
| --- | --- |
| **GP Details (For Emergency Use Only)** | |
| **GP Name** |  |
| **GP Address** |  |
| **GP telephone number** |  |

**Referrers Details (if applicable)**

|  |  |
| --- | --- |
| Referrers Name: | |
| Referrers Organisation: | |
| Email Address: | Mobile: |

**Reasons for Referral/ Other Relevant Information** (Please use a separate sheet if applicable)

|  |
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|  |
| Please indicate whether this person would present any risk to either staff members, public or self.  e.g. substance misuse, self-harm, physically aggressive behaviour etc. |

**Information Sharing and Consent**

I agree for this information and the referral to proceed with Paiwand’s Mental Health Advocacy service and have informed the referee of this.

|  |  |
| --- | --- |
| Referrer’s Signature (if applicable) | Date: |

**Please email this referral to:**

Ramzia.akbari@paiwand.com

**or by post to the following address:**

**[](http://www.google.co.uk/imgres?q=national+lottery+funded&um=1&hl=en&sa=N&biw=1151&bih=488&tbm=isch&tbnid=34my-3kNRvlThM:&imgrefurl=http://www.uclan.ac.uk/information/services/kt/news/researcehrs_help_chilrden's_charity_act.php&docid=E0Lew4EHtXL49M&imgurl=http://www.uclan.ac.uk/information/services/kt/news/files/lottery_funded-low.jpg&w=538&h=375&ei=gFW7T9nGNdPv8QOUhtSwCg&zoom=1&iact=hc&vpx=84&vpy=179&dur=353&hovh=187&hovw=269&tx=190&ty=62&sig=117237749002623779936&page=1&tbnh=112&tbnw=160&start=0&ndsp=12&ved=1t:429,r:0,s:0,i:86)** Ground Floor, 11 High Street, Edgware, HA8 7EE

