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| **USEFUL INFORMATION FOR COMPLETING REFERRAL**  | **REFERRAL DATE:** |  |
| * Please provide as much as the information as possible. Information red with an asterisk \* is essential and if not provided the referral cannot be accepted.
* Completed referral to be sent to Wiltshire Mental Health Inclusion Service via
	+ Email: WiltsMHIS@rethink.org
	+ Post: Wiltshire MH Inclusion Service, The Independent Living Centre, St George’s Road, Semington, Wiltshire. BA14 6JQ
	+ Phone: 07467 764171 (*Self-referrals can be taken over the phone*)
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| **SERVICE USER DETAILS** |
| Title: | Mr/Mrs/Miss/Ms | Date of Birth **\***: |  |
| Full Name **\***: |   | Liked to be known as: |  |
| Mobile Phone: |  | Email Address: |  |
| Home Phone: |  | Preferred method of contact (tick one only):  |
| Current Address**\***: Postcode **\***: |  |  [ ]  Email [ ]  Phone [ ]  SMS(Text) [ ]  Mail (Letter) |
| Preferred language:  |  |
| Interpreter required? | [ ]  YES [ ]  NO |
| Are there any communication /information needs due to a disability/impairment (eg hearing/sight)? | [ ]  YES [ ]  NOIf yes, please specify…. |
| Primary Mental Health Diagnosis / Concern **\*** (eg anxiety/depression) *please provide further/full details in Present MH Situation to follow* |  |

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| **REFERRER DETAILS (leave blank if making a SELF-REFERRAL)**  |
| Organisation: |  |
| Contact Name: |  | Job Title: |  |
| Contact Phone: |  | Contact Email Address: |  |
| Address:  |  |
| Does the individual **AGREE/CONSENT** to this referral? **\*** | [ ]  YES [ ]  NO |
| Referrer’s Signature: |  | Date:  |  |
| **SERVICE USER SUPPORT NEEDS and INFORMATION**  |
| **Present Mental Health Situation**(please provide full details of current diagnosis or mental health symptoms at this time and any external factors that are currently impacting on the individual).  |  |
| **Is there anything we need to be aware of concerning the safety of the individual (or others)? \***(e.g. are there any concerns to self and/or others, any criminal convictions or incidents of violence we should be aware of?) *If available, please attach risk assessment no older than 6 months (tick if included)* | [ ]  Risk assessment included with referral |
| **Any other relevant information**(e.g. financial, addiction, housing, immigration, etc.) |  |
| **Please indicate any other needs or reasonable adjustment that might need to be considered (tick all that apply):** | [ ]  Able to Read [ ]  Learning Disability[ ]  Able to use the Internet [ ]  Physical Disability[ ]  Hearing Impairment [ ]  Sensory Disability[ ]  Visual Impairment[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **What inclusion support would the service user benefit from? \***(eg in which areas do you feel support is needed – group activities; community engagement, access online etc.) |  |
| **Does the individual feel an association with any of the following groups/communities?:** | [ ]  Military Services [ ]  LGBTQIA+[ ]  Boaters [ ]  Farming Industry[ ]  Travellers [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **DIVERSITY & EQUALITY MONITORING INFORMATION**  |
| Rethink Mental Illness wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the people we support in encouraging equality and diversity. The organisation needs your help and co-operation to enable it to do this, but filling in this information is voluntary. The information provided will be kept confidential and will be used for monitoring purposes. |
| **Gender:** | [ ]  Male [ ]  Female [ ]  Prefer not to say[ ]  Gender-fluid [ ]  Non-binary [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is the gender you identify with the same as your gender registered at birth?: | [ ]  Yes [ ]  No |
| **Trans History:** | [ ]  Yes [ ]  No [ ]  Unsure [ ]  Prefer not to say |
| **Sexual Orientation:** | [ ]  Asexual [ ]  Bisexual [ ]  Gay [ ]  Queer [ ]  Lesbian [ ]  Pansexual [ ]  Heterosexual/Straight [ ]  Questioning [ ]  Prefer not to say [ ]  Other\_\_\_\_\_\_\_\_\_ |
| **Religion Belief:** | [ ]  Agnostic [ ]  Atheist [ ]  Buddhist [ ]  Any other Religion \_\_\_\_\_\_\_\_\_ [ ]  Muslim [ ]  Sikh [ ]  Christian [ ]  Any other Belief \_\_\_\_\_\_\_\_\_[ ]  Hindu [ ]  Jewish [ ]  No Religion or Belief [ ]  Prefer not to say |
| **Employment Status:**  | [ ]  Working Full-Time [ ]  Working Part-Time [ ]  Not in employment [ ]  Non-paid employment [ ]  Full-time education [ ]  Part-time education [ ]  Not in employment education or training [ ]  Retired [ ]  Prefer not to say |
| **Ethnicity** | White:[ ]  English/ Welsh/ Scottish/ Northern Irish/ British [ ]  Gypsy or Irish Traveller [ ]  Irish [ ]  Roma [ ]  Any other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mixed / multiple Ethnic Groups:[ ]  White and Black Caribbean [ ]  White and Asian [ ]  White and Black African [ ]  Any other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Asian or Asian British:[ ]  Indian [ ]  Pakistani [ ]  Bangladeshi [ ]  Chinese [ ]  Any other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Black/ African/ Caribbean or Black British:[ ]  African [ ]  Caribbean [ ]  Any other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other ethnic group: [ ]  Arab [ ]  Any other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Prefer not to say |
| **Living Status:**  | [ ]  Independent accommodation [ ]  Homeless/no fixed abode [ ]  Registered Care Home[ ]  Living with family/friends [ ]  Independent accommodation with support [ ]  Supported Accommodation [ ]  Temporary accommodation [ ]  Prefer not to say |
| **Marital Status:** | [ ]  Single [ ]  Married [ ]  Divorced [ ]  Widowed [ ]  Separated [ ]  Civil partnership [ ]  Dissolved civil partnership [ ]  Co-habiting[ ]  Surviving partner from a civil partnership [ ]  Prefer not to say |