

# P James' Place

## REFERRAL FORM

Details of referrer				
Date of referral				
Name of referrer				
Job title				
Place of work				
Phone number				
Email address				
Details of who is being referred				
Name			Date of birth	
Preferred name				
Postal address				
Email address			Phone number	
Ethnicity	Relationship Status	Sexuality	Gender Identity	Occupation
Next of kin details				
NOK name			NOK relationship	
NOK phone no.			NOK email	
GP Details				
GP name			Practice	
GP address				
GP phone no.			Email	
Other professional support i.e. support worker, nurse practitioner, psychiatrist				
Name			Job title	
Place of work				
Phone number			Email	

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Details of suicidal crisis	
Does this man have a history of suicide attempts?	
Has this man been bereaved by suicide?	
Does this man have a disability?	
Are there any risks to us or others we need to be aware of?	
Are there any safeguarding issues we need to be aware of?	
Does this person have any additional support needs? e.g. language	
Does this person consent to this referral?	
Is he aware of what James' Place offers?	
Does he have an identified supporter?	

Are there current difficulties related to any of the following factors?	
Relationship breakdown	
Gambling	
Debt	
University	
Work	
Sexuality	
Legal Problems	
Family Problems	
Bereavement	
Drug/Alcohol Misuse	