

**REFERRAL FORM**

Please fill in this form as completely as possible and return it to Liverpool@jamesplace.org.uk

We cannot accept referrals for anyone receiving secondary mental health care or with complex drug and alcohol issues. We cannot accept referrals from anyone who is street homeless or has a severe and enduring mental health condition.

|  |
| --- |
| **Details of referrer** |
| Date of referral |  |
| Name of Referrer |  |
| Job Title |  |
| Place of Work |  |
| Phone number |  |
| Email address |  |
| Where did you hear about us? |  |
| **Details of who is being referred** |
| Name:Preferred Name: |  | Date of Birth: |  |
| Postal Address: |  | Phone number 1:Phone number 2: |  |
| Email address |  |
| Ethnicity | Relationship Status | Sexuality | Gender Identity | Occupation |
|  |  |  |  |  |
| **Next of Kin Details** |
| NOK Name: |  | NOK Relationship: |  |
| NOK Phone no. |  | NOK Email: |  |
|  **GP Details – Please provide complete information** |
| GP Name |  | Practice |  |
| GP Address |  |
| GP Phone Number |  |
| **Email (if available)** |  |
| **Other professional support ie support worker, nurse practitioner, psychiatrist** |
| Name |  | Job Title |
| Place of work |  |
| Phone Number |  | Email |  |
| **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? Give details. |  |
| Are there any safeguarding issues we need to be aware of? Give details. |  |
| Does this person have any additional support needs eg language |  |
| Does this person consent to this referral? | Is he aware of what James’ Place offers? | Does he have an identified supporter? |
| YES  | YES / NO | YES / NO |

**Are their current difficulties related to any of the following factors?**

|  |  |  |
| --- | --- | --- |
| Relationship breakdown | Yes | No |
| Gambling | Yes | No |
| Debt | Yes | No |
| University | Yes | No |
| Work | Yes | No |
| Sexuality | Yes | No |
| Legal Problems | Yes | No |
| Family Problems | Yes | No |
| Bereavement | Yes | No |
| Drug/Alcohol Misuse | Yes | No |

Email:- Liverpool@jamesplace.org.uk

Address:- James’ Place

 50 Catharine Street

 Liverpool

 L8 7NG

Phone:- 0151 303 5757