A picture containing drawing

Description automatically generated

**REFERRAL FORM**

Please fill in this form as completely as possible and return it to [london@jamesplace.org.uk](mailto:london@jamesplace.org.uk)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Your Details** | | | | | | | | | | | | |
| Name:  Preferred Name: |  | | | | | | Date of Birth: | | | | |  |
| Postal Address: |  | | | | | | Phone number 1:  Phone number 2: | | | | |  |
| Email address |  | | | | | | | | | | | |
| Ethnicity | Relationship Status | | Sexual Orientation | | | | Gender Identity | | | | | Occupation |
|  |  | |  | | | |  | | | | |  |
| **Supporter Details**  We will only contact this person if we have an immediate concern for your safety | | | | | | | | | | | | |
| Name: |  | | | Relationship: | | | | | |  | | |
| Phone no. |  | | | Email: | | | | | |  | | |
| **GP Details**  Your GP will receive a note that you’re in contact with us | | | | | | | | | | | | |
| GP Name |  | | | Practice | | |  | | | | | |
| GP Address |  | | | | | | | | | | | |
| GP Phone Number |  | | | | | | | | | | | |
| Email (if available) |  | | | | | | | | | | | |
| **Are you receiving other professional support i.e., support worker, nurse practitioner, counsellor or psychiatrist** | | | | | | | | | | | | |
| Name |  | | | | | | | Job Title | | | | |
| Place of work |  | | | | | | | | | | | |
| Phone Number |  | | | | Email | | | |  | | | |
| **Are you experiencing suicidal thoughts, or have you recently attempted suicide?**  **(If yes, please provide any details you can)** | | | | | | | | | | | | |
| **Do you know what is making you feel like this? (If yes, can you say a little bit more?)** | | | | | | | | | | | | |
| **How do you feel James’ Place can help?** | | | | | | | | | | | | |
| **Do you class yourself as disabled or in need of additional support? (If yes, please give details).** | | | | | |  | | | | | | |
| **Have you been bereaved by suicide?** | | **Have you been in contact with the university counselling or support services?** | | | | | | | | | **Have you attempted suicide before?** | |
| YES/NO | | YES/NO | | | | | | | | | YES/NO | |

**Are you suffering as a result of any of the following factors:**

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

Email: - [London@jamesplace.org.uk](mailto:London@jamesplace.org.uk)

Phone: - 0203 4888 404

Address: - StillPoint Space, 23 Clerkenwell Close, London, EC1R 0AA