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**Liverpool Light Crisis Service Referral Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **TITLE** |  | **FORENAME** |  |
| **SURNAME** |  | **ETHNICITY** |  |
| **MARITAL STATUS** |  | **SEXUAL**  **ORIENTATION** |  |
| **ADDRESS** |  | **GENDER** |  |
| **POSTCODE** |  | **DOB** |  |
| **TELEPHONE** |  | **GP SURGERY** |  |
| **EMAIL** |  | **GP CONTACT NUMBER** |  |

Details of referrer:

|  |  |
| --- | --- |
| **NAME** |  |
| **RELATIONSHIP** |  |
| **TEL** |  |
| **EMAIL** |  |
| **SERVICE & POSITION (if applicable)** |  |

Brief description of support needs:

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Current Psychiatric Problems:

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Details of potential risks:

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| --- | --- | --- | --- | --- | --- |
| Alcohol misuse |  | Sexual offending |  | Self-harm |  |
| Drug misuse |  | Anti-social behaviour |  | Mental health issues |  |
| Aggression / violence |  | Suicidal thoughts |  | Victim of domestic violence |  |
| Harassment to others |  | Suicide attempts |  | Victim of sexual assault |  |
| Victim of harassment |  | Gambling issues |  | Other |  |

Please give details of any potential risk/s:

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Risk of Self harm, including self-neglect & suicide:

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| --- | --- | --- | --- |
| Self-harmed in last 6 months? |  | More detail: |  |
| Self-harmed in last 12 months? |  | More detail: |  |
| Was the attempt planned? |  | More detail: |  |
| Thoughts of self-harm? |  | More detail: |  |

Any Further Details:

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***“I can confirm that all details given in this form are, to the best of my knowledge, true and accurate.”***

|  |  |  |  |
| --- | --- | --- | --- |
| Client signature |  | Date |  |
| Referrer signature |  | Date |  |

Please return the completed form to us by email or by post.

liverpool.light@creativesupport.org.uk

(FAO: Liverpool Light), Liverpool Links, 181 -185 London road, L3 8JG

