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**Liverpool Light Crisis Service Referral Form**

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| --- | --- | --- | --- |
| **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

