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:

Current Psychiatric Problems:

Details of potential risks:

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:

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

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:

"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

creative SUPPORT