Crisis and Recovery Service



Referral Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | First name |  |  |  |
| Surname |  | D.O.B |  |
| Address |  | Pronouns |  |
| Postcode |  | Phone Number |  |
| Email |  | Ethnicity |  |
| Gender |  | Sexual Orientation |  |
| GP Surgery |  | GP Contact Number |  |
| Housing Provider |  | Tenancy Type |  |
| Religion |  | Disability |  |

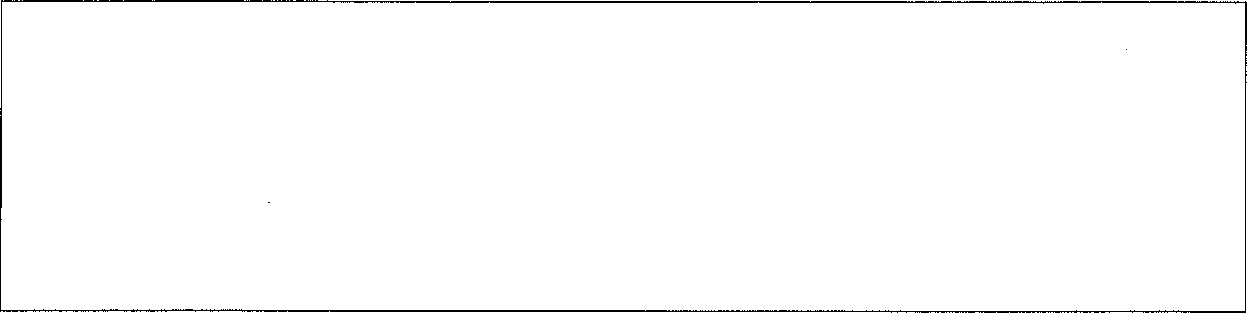
Details of referrer:

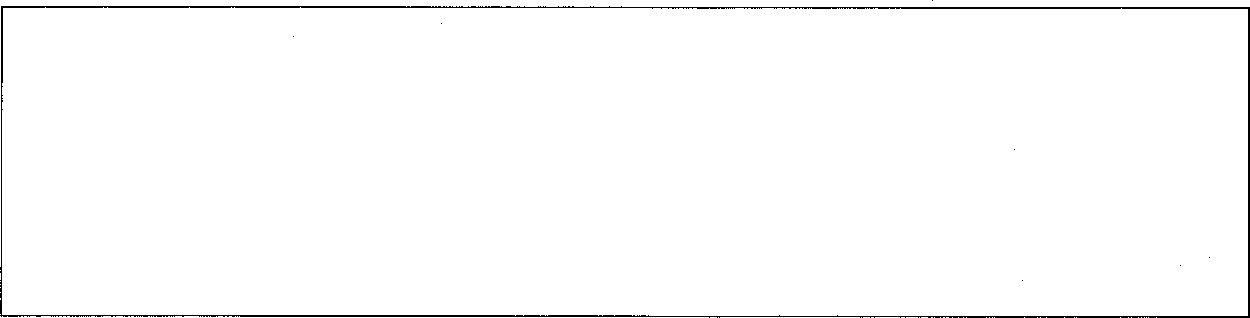
|  |  |
| --- | --- |
| Name |  |
| Service and Position |  |
| Relationship |  |
| Tel |  |
| Email |  |
| How did you hear about us? |  |

Brief Description of support needs/reasons for referral:

Do you have a current mental health diagnosis? YES/NO

If answered yes, please give details of your current diagnosis.



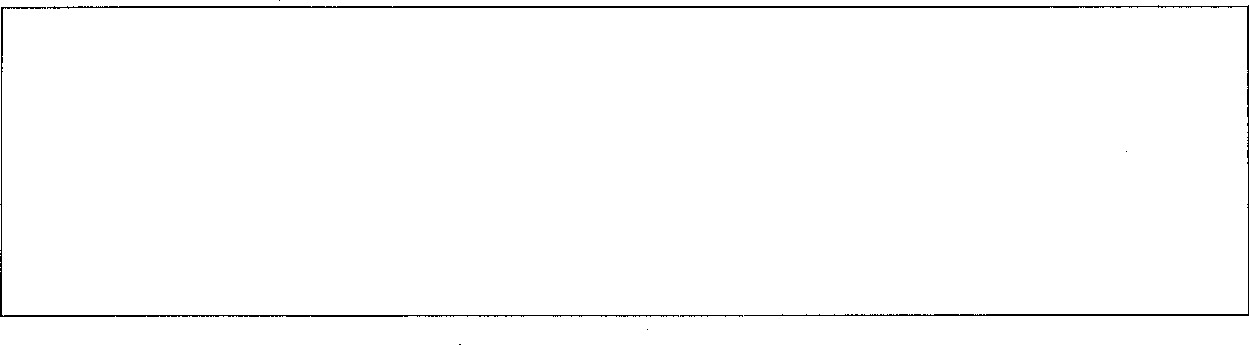
Are you currently known to any mental health services, such as CMHT? YES/NO   
  
Are you taking any prescribed medication?   
YES/NO  
  
If yes, what medication have you been prescribed? Or do you self-medicate?

Have you been to A&E in the past six months regarding your mental health? YES/NO

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Alcohol misuse |  | Sexual offending |  | Self-harm |  |
| Drug misuse |  | Anti-social behaviour |  | Existing 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 |  |

Potential Risks

If other, please give details.



Risk of self-harm including self-neglect and suicide:

|  |  |  |  |
| --- | --- | --- | --- |
| Self-harmed in last 6 months? |  | Method |  |
| Self-harmed in last 12 months? |  | Method |  |
| Was the attempt planned? |  | Please  details |  |
| Thoughts of selfharm? |  | Please  details |  |

Is it safe for us to contact you?

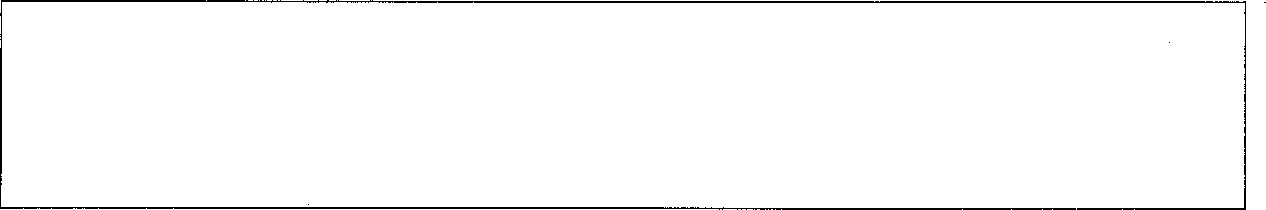
YES/NO

Preferred method of contact: 

Phone

Email 

Any additional information:



"By signing below, I can confirm that all details given in this form are to the best of my knowledge, true and accurate. I also consent to this data being used for monitoring purposes, only relevant data will be passed on to any of our partner agencies if a referral is agreed upon. I also consent to duty of care procedures as required by law, including harm to self or others”.

|  |  |  |  |
| --- | --- | --- | --- |
| Client Signature |  | Date |  |
| Referrer Signature |  | Date |  |

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

# Liverpool.light@creativesuuort.org.uk

The Liverpool Light

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Liverpool

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