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**Mental Health Wellbeing & Hub Service – Referral Form**

Our service is eligible for individuals 18+, registered with a GP in Birmingham & Solihull who meet one of the following (Please tick as appropriate):

**Under the Care of a Community Mental Health Team 🔾 SMI Diagnosis 🔾**

**Long term mental health diagnosis (12 Months +) 🔾**

**None of the above 🔾**

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact details** | | | |
| Name: |  | | |
| Date of Birth: |  | NHS Number: | |
| Address: |  | | Postcode: |
| Contact Number: |  | | |
| Email Address: |  | | |

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| **Referral Reason** | |
| *Our service aims to support individuals to learn new coping skills to manage their mental health and build confidence to engage in wider community activities, volunteering, education and employment opportunities. We do this through a combination of one to one support focused on goal setting and group courses and activities.*  Do you wish to access group activities at one of our hubs and community settings?  **Yes** **🔾 No 🔾**  Do you wish to access any volunteering, education, training or employment opportunities?  **Yes** **🔾 No 🔾**  Description of mental health needs:  Mental Health Diagnosis: | |
| **Please state preference for location:**  **Chelmsley Wood 🔾 Solihull Town centre 🔾 Shirley 🔾**  **Yardley 🔾 Northfield 🔾 Erdington 🔾 Handsworth 🔾**  **Sparkbrook 🔾 Moseley/Kings Heath 🔾** | |
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| **Key Mental Health Professional’s Details (Psychiatrist/CPN/GP/OT)** | |
| Name: | Tel: |
| Role: | Email: |
| Team & Location: | |

|  |  |  |  |
| --- | --- | --- | --- |
| GP Details | | Emergency Contact | |
| GP Name: |  | Name: |  |
| Surgery Name:  Primary Care Network: |  | Relationship: |  |
| Tel. No: |  | Tel. No: |  |

|  |  |
| --- | --- |
| **Demographic Information & Equal Opportunities** | |
| Sexuality:  Ethnicity: | Religion:  Disability: |
| Please let us know whether there are any additional support required to access the service (Language needs, physical/learning disability, hearing or sensory needs, timing of appointments etc.): | |

|  |
| --- |
| **Risk Information** |
| We require information regarding any risk around your health and wellbeing. We may contact a key mental health professional for this information but please supply as much information as you can below: |
| |  |  |  |  | | --- | --- | --- | --- | | **Risks** | **Yes/No** | **Historical/**  **Current** | **Notes/Detail** | | Self-harm/Suicide |  |  |  | | Self-neglect |  |  |  | | Harm to others/from others |  |  |  | | Substance misuse |  |  |  | | Forensic History |  |  |  | |

|  |  |  |  |  |  |  |
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| **Privacy, Consent & Information Sharing** | | | | | | |
| *We may collect further information from third parties, statutory and voluntary agencies who you have worked with you. We use your information to: Help meet your needs in the safest and most effective way and work effectively with other organisations involved in your care. We will always ask for your consent before sharing in this way. Sharing of information between Birmingham Mind & Creative Support may take place to ensure our service can meet your needs. We may share anonymised data with the people that fund our services. All your information is held securely and is only accessible by those who have permission to see it. You have the right to: be informed of your rights and how your data is used, request access to a copy of your information, have your information corrected or updated and remove your consent at any time.*  **Please confirm below that consent is given or has been sought and gained, for the following:** | | | | | | |
|  | | | | | | |
| **The person being referred has consented to this referral:** | | **Yes:** |  | **No:** |  |  |
|  | | | | | | |
| **The person being referred has consented to sharing their information:** | | **Yes:** |  | **No:** |  |  |
| **Name:**  **Date:**  **Signature:** | | | | | | |
| If Third Party referral please leave your name and contact details below: | | | | | | |
| **Name:** | **Role:** | | | | | |
| **Organisation:** | **Tel:** | | | | | |
| **Email:** |  | | | | | |
| **Please return this completed referral form to:**  [**MHWH@BIRMINGHAMMIND.ORG**](mailto:MHWH@BIRMINGHAMMIND.ORG)  **VISIT WEBSITE:** [**www.birminghammentalhealth.org.uk**](http://www.birminghammentalhealth.org.uk) **Telephone Enquiries: 0121 608 8001** | | | | | | |