**Mental Health Wellbeing & Hubs Referral Form
All sections must be completed. We will be unable to accept your referral if sections are left blank**

*Please note that 1-2-1 support is* ***ONLY*** *available between* ***9-5pm Monday to Friday***

Our service is only eligible for adults with a GP in Birmingham & Solihull who meet at least **ONE** of the following (Please tick as appropriate):

* Under the care of a Community Mental Health Team
* On the Serious Mental Illness register (SMI)
* Has a long term mental health condition: over 12months

# **Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **FULL Name** |  | **Date of Birth** |  |
| **Contact Number** |   | **Rio Number (if Known)** |  |
| **Home Address** |  | **Postcode** |  |
| **Email Address** |  |

Referrer’s Details (CMHT’s/GP/CPN/Other)

|  |  |  |  |
| --- | --- | --- | --- |
| **FULL Name** |  | **Role** |  |
| **Contact Number** |  | **Organisation** |  |
| **Email Address** |  |

GP Details

|  |  |  |  |
| --- | --- | --- | --- |
| **GP Name** |  | **Contact Number**  |  |
| **Surgery Name/Address** |  |

Demographic Information & Equal Opportunities

|  |  |  |
| --- | --- | --- |
| Gender* Male
* Female
* Transgender
* Non-Binary
* Other/prefer not to disclose
 | Ethnicity* White
* Black
* Asian
* Mixed
* Other
 | Sexuality* Heterosexual
* Gay
* Lesbian
* Bi-sexual
* Other/prefer not to disclose
 |
| Religion* Christianity
* Islam
* Hinduism
* Sikhism
* Judaism
* Buddhism
* No religion
 | Any additional support needs to access the service? |
|  |

Risk Information:

We require information regarding any risk around health and wellbeing to inform recovery plans. We may contact you or your GP/mental health professional for more information, but please provide as much detail as you can.

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk Area** | **Yes/No** | **Current/Historical** | **Details** |
| Self-harm/Suicide |  |  |  |
| Self-neglect |  |  |  |
| Harm to other/from others |  |  |  |
| Substance misuse |  |  |  |
| Forensic History |  |  |  |

Mental Health Conditions: (Please tick all that apply)

|  |  |
| --- | --- |
| * Anxiety
* Bi-polar
* Depression
* OCD
* Personality disorder
 | * Psychosis/Schizophrenia
* Eating Disorders
* PTSD
* None disclosed
* Other
 |

Mental Health needs:
Please provide a brief overview for reason for referral and presenting mental health need

|  |
| --- |
|  |

Additional Neurodivergent Needs: (Secondary to mental health diagnosis)

|  |  |
| --- | --- |
| * ADHD
* Autism
* Learning Disabilities
 | * Other Cognitive/Neurological impairments
* N/A
 |

Emergency Contact Details:

|  |  |
| --- | --- |
| **Full Name** |  |
| **Relationship** |  |
| **Contact Number** |  |

Location Preference:
Our hubs are across Birmingham and Solihull, and a person can access all hubs once registered. However, as a primary location, which would be the preferred hub location?

|  |  |
| --- | --- |
| * Handsworth
* Erdington
* Northfield
* Yardley
 | * Kings Heath / Sparkhill
* Birmingham City Centre
* North Solihull
* South Solihull
 |

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 tick to confirm below that the person being referred has consented to this referral and to sharing their information with Mental Health & Wellbeing Hubs Service as per the Privacy, Consent & Information Sharing statement above:**

**YES 🞎**

|  |  |
| --- | --- |
| **Name:** | **Signature:** |
| **Date:** |  |

Send your COMPLETED referral via email to MHWH@BirminghamMind.org

**All sections must be completed. We will be unable to accept your referral if sections are left blank**

If you have not had a response within 14 working days please get in touch

For more information, have a look at our website [www.birminghammentalhealth.org.uk](http://www.birminghammentalhealth.org.uk) or give us a call 0121 262 3555