

# Active Monitoring Referral Form

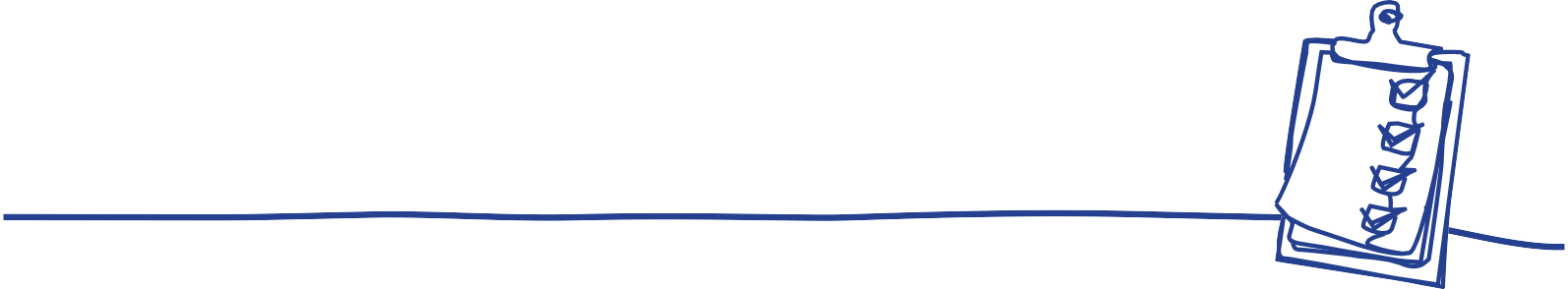
# Please email referrals to activemonitoring@mindinfurness.org.uk

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| **Referral Details** | |
| Referral date: | |
| Professional referral | Self-referral |

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| --- | --- | --- |
| **Client Details** | | |
| **Surname:** | **Forename:** | Middle initial: |
| **Date of birth:** | Gender:  Male  Female  Non Binary  Prefer to self-describe  Prefer not to say | Ethnicity:  Asian  Black  Mixed  White  First language: |
| Trans:  Yes  No | Sexuality:  Heterosexual  Gay/Lesbian  Bi  Prefer to self-describe  Prefer not to say |
| **GP surgery: Norwood Medical Centre** | | |
| **Mobile number:**  Landline number: | | |
| Address:  Postcode: | | |
| Does the client have a formal diagnosis of Autism or Learning Need e.g. Dyslexia, please state: | | |

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| **Referrer’s Details** | |
| Name: | Contact Number: |
| role: | Email: |

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| **Safeguarding and Risk** | | |
| Is there any risk to be aware of? | Yes | No |
| Do you have concerns about the welfare of the client? | Yes | No |
| Action taken: | | |
| **Referral Consent and Permissions** | | |
| Has the reason for the referral been explained to the individual? | Yes | No |
| May we leave a message on your mobile’s voicemail? | Yes | No |
| May we leave a message on your Landline? | Yes | No |
| May we say who we are if somebody else answers your phone? | Yes | No |
| We will need to contact you via telephone for an initial assessment – is this ok? | Yes | No |
| We will need to text you to confirm your appointment day and time, as well as send you text reminders– is this ok? (we can’t book your appointment unless you agree to this) | Yes | No |
| **Signatures** | | |
| Signature of referrer: | | Date: |
| Signature of Client:  Is this a verbal signature? Yes  No | | |



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| **Reason for Referral** |
| Please describe what is happening, where & when, how often and how long, giving examples (please explain the background, possible trigger factors, trajectory or problem and what has been tried and/or has worked so far): |

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| --- | --- | --- | --- | --- | --- | --- |
| **For office use only** | | | | | | |
| Date received | Received by | Accepted | | Assigned to | Start | End |
|  |  | Yes | No |  |  |  |
| Notes: | | | | | | |