Referral Form

For Office Use:
Date Received
Added to Minder
Allocated to

Great Yarmouth & Waveney Mind is a forward thinking community based organisation which encourages and supports mental wellbeing.

Name	Male ☐ Female ☐	Date of birth
Address Postcode	Telephone / Mobile Can a message be left? Yes ☐ No ☐	
Email	Ethnicity	
Preferred method of contact Text ☐ Telephone ☐ Letter ☐ Email ☐	Please contact Myself ☐ My referrer ☐ for an initial appointment	

Name of GP Surgery:

Phone number of Surgery:

Name of GP:

Unfortunately, we cannot accept referrals if:

- An individual is living with learning disabilities
- An individual is alcohol and/or drug dependent

Please give details of support needs you have, please tick all that apply

☐ Dealing with Anxiety	☐ Managing Stress	☐ Accessing Self Help Workshops/Courses
☐ Increasing Confidence	☐ Accessing Social Activities	☐ Assistance with Specific Ethnic Minority requirements
☐ Overcoming Low Mood	☐ Managing Anger	☐ Support for Carers (if you are caring for a person with a mental health condition)
☐ Our Residential Accommodation	☐ Increasing Self Esteem	

☐ **Support with a diagnosed mental health condition – please give details:**

Referrer details (if appropriate)

Name	Organisation	Role
Telephone / Mobile	Email (if you are happy for us to email client information)	

Is the person you are referring FACS eligible? No ☐ Yes ☐ If yes, please include all relevant information including care co-ordinator details/PB plan/risk assessment etc.

Please sign and date _____ _____
Referred person Date

_____ _____
Referrer (if applicable) Date

PLEASE COMPLETE PAGE 2 OVERLEAF

Please provide as much information about your current situation so we can offer you the most appropriate support:

Risk Assessment and relevant information

Is there a history of any of the following risks – please tick all that apply	Yes	No
Risk of violence / aggression		
Damage to property		
Risk to children		
Use of illegal substances		
Use of alcohol to excess		
Inappropriate sexual behaviour		
Other		

If you have answered yes to any above, please give further details including how current the risk is

Please note:

Incomplete referrals will be returned as we require all information before accepting the referral.

Please return form to:

Referrals
Great Yarmouth & Waveney Mind
28-31 Deneside
Great Yarmouth NR30 3AX
Tel 01493 842129
Email reception@gywmind.org.uk