

Please list any medication are you on in case of a medical emergency:

Please give the reasons you want to attend:

Reason for referral: Confidence Building Educational / Learning Mood Enhancement
Relaxation Self Esteem Social Contact Skills Development Stress Reduction
Structure to Time Work/Employment

Have you attended any of our classes at Meadowbrook?

Yes / No

Service User Consent to Disclose Information.

I agree that all the details are correct within this referral form.

I understand the referral process and agree that the information contained within this referral relating to myself can be disclosed to the relevant workers within the organisation.

Signed Service User

Print Name Service User

Confidential Referral Form

This Page is to be completed by the referrer

Please ensure referrer's current email address and phone numbers are entered below.

Name of agency making the referral:				
Name of referrer:	Date:			
Designation:	Base Address:			
Telephone:	Mobile:			
Email:				
Other services involved (e.g. CPN, Support Worker, Psychologist, Psychiatrist, Counsellor, Social Worker etc).				
Name:	Role:	Tel:		
Name:	Role:	Tel:		
Name:	Role:	Tel:		
Who should we contact to arrange a site visit for your client:				
Please circle which site visit time you would prefer:				
Monday 1:30 pm	Tuesday 10:30 am	Thursday 1:30 pm	Friday 10:30 am	
Current risk assessment has been attached			Yes	No
If no please list potential risk factors for your client:				
How would you describe your client at the moment:				
Please advise of any indicators that your client may be becoming unwell:				
I certify that the information recorded on this referral form is accurate and there are no serious omissions of information. I also confirm that all potential risks have been declared. By signing this form I confirm I will take responsibility to ensure I inform you of any significant changes in my clients' circumstances and wellbeing.				
Signature of the Referrer:		Print Name of Referrer:		

Once completed please send this form with any additional information to:

Start, Brunswick House, 62 Broad Street, Salford, M6 5BZ

Tel 0161 351 6000 Fax 0161 351 6001

Email info@startinspiringminds.org.uk - Web www.startinspiringminds.org.uk