



Hillingdon Mind Asian Projects Referral Form

Confidential

Details of referred person:	
Name:	Date of Birth:
Address:	
Postcode:	
Telephone number:	Mobile number:
Ethnic Origin:	Language:
Next of kin:	Relationship:
Telephone number:	Mobile:

Referring agency:	
Name of referrer:	OR Please tick if self referral: <input type="checkbox"/>
Job title:	
Name of agency:	
Address:	
Telephone number:	
Email:	
Referral date:	

Additional Information:
G.P.'s Name and Address:
Professionals involved: (e.g. Key-Worker, CPN, Psychiatrist)
Reasons for referral:

Mental Health:										
<p>Please provide a history of the applicant's mental health issues, including details of compulsory/voluntary hospital admissions. It is important that the Asian Projects Manager is made aware of any history of disturbing behavior or substance misuse. Please attach any additional information as necessary.</p> <p>Please note that referrals will only be accepted where a risk assessment is attached.</p>										
Current diagnosis (if any):										
<table> <tr> <td>Is the applicant on CPA?</td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Level:</td> <td>Standard</td> <td><input type="checkbox"/></td> <td>Enhanced</td> <td><input type="checkbox"/></td> </tr> </table>	Is the applicant on CPA?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Level:	Standard	<input type="checkbox"/>	Enhanced	<input type="checkbox"/>
Is the applicant on CPA?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
Level:	Standard	<input type="checkbox"/>	Enhanced	<input type="checkbox"/>						

General background: Please give a brief history of the following, where known and appropriate:
Family situation:
Social networks:
Are there any social or rehabilitative activities that the applicant attends?
Applicant's comments:

<p>Please tick which of the following Hillingdon Mind Asian Projects you are interested in. (You may tick more than one)</p> <p><input type="checkbox"/> 'Aasra' (Support Group for Asian women with depression and anxiety)</p> <p><input type="checkbox"/> 'Sahara' (Asian Support Group for people with long standing mental health issues)</p> <p><input type="checkbox"/> 'Sam-Milan' (Asian Drop-in and social support)</p> <p><input type="checkbox"/> 'Dosti' (Asian Befriending Scheme)</p>
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Signatures:	
Applicant:	Date:
Referrer:	Date:

Please return completed forms to: Kiran Seth, Asian Projects and Diversity Manager,
Hillingdon Mind, Aston House, Redford Way, Uxbridge UB8 1SZ.
Email: kiran@hillingdonmind.org.uk **Tel:** 01895 271559 **Mobile:** 07956395073