

Hillingdon Mind



For better
mental health

Befriending Scheme Referral Form
CONFIDENTIAL

This project is specifically for people who are socially isolated because of their mental health issues and uses trained volunteers as one to one Befrienders.
If the person you are considering referring to this scheme presents a risk to the Befriender, they would not be suitable for the service.

This form is intended to be completed jointly with the person who wishes to have a Befriender.

Details of referred person

Name.....Date of Birth.....

Address.....

.....

.....

.....Phone number.....

Referring Agency

Name of referrer.....

Job title.....

Name of Agency.....

Address.....

.....

Phone number.....E mail

Why does this person need support from a Mind Befriender?

Support Network (How often is contact made?)

Family members: Name Relationship to applicant

Friends:

Address / Phone if applicable

G.P.....

C.P.N. / Social Worker.....

Psychiatrist:.....

Other:.....

Physical Health

Please describe any physical illness or disability that affects the applicant's lifestyle.

Mental Health

Current diagnosis (if any).....

Please provide a history of the applicant's mental health problems. Include details of compulsory / voluntary hospital admissions. It is important that the Befriending Co-ordinator is made aware of any history of disturbing behaviour or substance
Attach additional information and risk assessment.

Are there any social or rehabilitative activities that the applicant attends?

Applicants comments:

Signatures

Applicant.....Date.....

Referrer.....Date.....

Please return this form to the Befriending Scheme Coordinator at:
Hillingdon Mind. Aston House, Redford Way, Uxbridge, Middlesex. UB8 1SZ