



Professional Referral Form Social Clubs and Support Groups

Please complete this form as fully and as clearly as possible
All of the information provided will be kept PRIVATE and CONFIDENTIAL
Basic Referral Criteria <i>(Please tick to confirm criteria are met)</i>
<input type="checkbox"/> Age 18 years+ and resident in the London Borough of Hillingdon <input type="checkbox"/> Is resident in the London Borough of Hillingdon <input type="checkbox"/> Is seeking social support to enhance mental health recovery

For membership of which club or group is the person applying?

Applicant's Details		
Mrs / Mr / Ms / Other :	Surname :	Forename(s) :
Date of Birth :	NHS Number	Preferred Language
Home Tel Number :	Mobile Tel Number:	
Address :		
Email address :		
Person to contact in emergency	Tel Number	

Referrer's Details	
Name :	Telephone :
Organisation:	Job Title:
Email address :	

PLEASE ATTACHED AN UP-TO-DATE COPY OF THE APPLICANT'S RISK MANAGEMENT PLAN.
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Mental Health and Wellbeing

(Summary of the applicant's mental health, diagnosis, current clinical support, compulsory or voluntary hospital admissions, and any behaviours or issues which may have implications for supporting the applicant)

Physical Health and Wellbeing

(Summary of any physical illness or disability which have implications for supporting the applicant)

Social Wellbeing

Summary of any issues which may have implications for supporting the applicant, such as Isolation, relationships, housing, employment, mobility, cultural or faith issues)

Signature (Applicant)	Date:
Signature (Referrer)	Date:

FOR OFFICE USE ONLY	
DATE REFERRAL RECEIVED:	INTERVIEW DATE
REFERRAL DECISION:	
SIGNATURE:	DATE:

Please return this form with supporting documents to Hillingdon Mind