Mind for better mental health Hillingdon

Professional Referral Form
Young People's Support

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 *(Please tick to confirm criteria are met)*
☐ Age 16 - 25 years ☐ Resident in the London Borough of Hillingdon ☐ Seeking social support to enhance emotional resilience and/or mental health recovery

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

Referrer Details	
Name :	Telephone :
Job Title :	Email :
Address :	
GP Details	
GP :	Telephone :
Practice :	Email :

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

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 yohan@hillingdonmind.org.uk or Hillingdon Mind, Aston House, Redford Way, Uxbridge, UB8 1SZ