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| **Please complete the below form for all groups run by Mindfulness Support Service.**  **Please complete a separate referral for each individual that is being referred.** |

Adult Referral Form

Private and Confidential

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| **Clients Details** | | | |
| Full name | Click or tap here to enter text. | | |
| Other names known by | Click or tap here to enter text. | | |
| Address | Click or tap here to enter text. | | |
| Contact number | Click or tap here to enter text. | | |
| Is this number safe to call? |  | Yes |
|  | No |
| Email address | Click or tap here to enter text. | | |
| Date of birth | Click or tap to enter a date. | | |
| Gender | Click or tap here to enter text. | | |
| Religion | Click or tap here to enter text. | | |
| Level of employment |  | Employed |
|  | Unemployed |
|  | Self-Employed |
|  | Housekeeper |
|  | Carer |
| Occupation | Click or tap here to enter text. | | |
| Ethnicity | Click or tap here to enter text. | | |
| Main Language spoken | Click or tap here to enter text. | | |
| Immigration status (e.g. Asylum seeker, refugee, spousal visa) | Click or tap here to enter text. | | |
| Alcohol or drug usage (Please provide details including historic information) | Click or tap here to enter text. | | |
| Mental health issues (Please provide a brief summary of any current or historical mental health issues) | Click or tap here to enter text. | | |
| Additional health or care needs (e.g. dementia, learning disability, physical disability) | Click or tap here to enter text. | | |
| Additional risk factors (Please specify) | Click or tap here to enter text. | | |

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| **Details of Abuse** | | |
| Type of abuse  (Please tick all that apply) |  | Physical |
|  | Sexual |
|  | Psychological / Emotional |
|  | Coercive Control |
|  | Financial / Economic |
|  | Harassment / Stalking |
| Dates of abuse | Click or tap to enter a date. | |
| Does client still live with the perpetrator / victim? |  | Yes |
|  | No |
| Date of separation | Click or tap to enter a date. | |
| Does client still have contact with the perpetrator / victim? | Click or tap here to enter text. | |
| Please provide details of any court orders relating to the client. | Click or tap here to enter text. | |
| Please list locations / areas that would NOT be safe for the client to attend the group sessions. | Click or tap here to enter text. | |
| Reason for referral (Referrers perspective) | Click or tap here to enter text. | |
| Reason for referral (Clients perspective) | Click or tap here to enter text. | |

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| **Perpetrator Details** (Or the victims details if the referred client is the perpetrator) | |
| Name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| DOB | Click or tap here to enter text. |
| Relationship to client | Click or tap here to enter text. |
| Ethnicity | Click or tap here to enter text. |
| Alcohol or drug usage (Please provide details) | Click or tap here to enter text. |
| Additional risk factors to be made aware of | Click or tap here to enter text. |

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| **Child Details** | | |
| Name and DOB of all children | Click or tap here to enter text. | |
| Address | Click or tap here to enter text. | |
| Ethnicity | Click or tap here to enter text. | |
| Relationship to client | Click or tap here to enter text. | |
| Relationship to client’s partner / ex-partner | Click or tap here to enter text. | |
| School attended | Click or tap here to enter text. | |
| Are children’s services currently working with the family? |  | Yes |
|  | No |
| Additional agencies working with the client | Click or tap heres to enter text. | |
| Additional information | Click or tap here to enter text. | |

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| **Referrer Declaration** | |
| *I confirm that the above information is correct to the best of my knowledge and agree to pass on any additional relevant information to Mindfulness Support Service.*  *I agree to Mindfulness Support Service contacting me to gain further information about the client if required.* | |
| Signed | Click or tap here to enter text. |
| Referrer’s name in block capitals | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |

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| **Client Declaration** | |
| *I consent to the above referral form being processed and for my details to be held on a secure database in line with current GDPR legislation. Further details on this can be provided upon request.*  *I consent to a member of the Mindfulness Support Services contacting the professional who referred me to gather further information if required.*  *I consent to Mindfulness Support Service contacting me via phone to discuss this referral and obtain any further information if necessary.*  *I agree to having a GP health declaration completed by my GP to confirm that I am suitable to undertake an 8-week mindfulness and meditation programme.* | |
| Signed | Click or tap here to enter text. |
| Referrer’s name in block capitals | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |
| Please email your completed referral form to [info@mindfulnesssupportservice.org](mailto:info@mindfulnesssupportservice.org)  Please password protect all referral forms to ensure information is securely sent. Please provide the password in a separate email. | |

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| **Office use only** | |
| Date received | Click or tap to enter a date. |
| Received by | Click or tap here to enter text. |
| Referral outcome | Click or tap here to enter text. |
| Reason | Click or tap here to enter text. |