

# Referral Form



1. About the Client																	
Title:	Name:	Date of Birth:															
Current Employment Status:		Emergency Contact Person:															
Permanent Address:		Emergency Contact Address:															
Postcode:		Postcode:															
Telephone No:		Emergency Contact No:															
Mobile No:																	
E-mail:																	
Sexuality: Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Heterosexual <input type="checkbox"/> Not Stated <input type="checkbox"/>		Gender:															
Ethnic Origin: <table border="0" style="width: 100%;"> <tr> <td>White British <input type="checkbox"/></td> <td>White Irish <input type="checkbox"/></td> <td>Other White <input type="checkbox"/></td> </tr> <tr> <td>Mixed White &amp; Black African <input type="checkbox"/></td> <td>Mixed White &amp; Asian <input type="checkbox"/></td> <td>Mixed White &amp; Black Caribbean <input type="checkbox"/></td> </tr> <tr> <td>Asian / Asian British Indian <input type="checkbox"/></td> <td>Asian / Asian British Pakistani <input type="checkbox"/></td> <td>Asian / Asian British Bangladeshi <input type="checkbox"/></td> </tr> <tr> <td>Black / Black British Caribbean <input type="checkbox"/></td> <td>Black / Black British African <input type="checkbox"/></td> <td>Any other Black background <input type="checkbox"/></td> </tr> <tr> <td>Chinese <input type="checkbox"/></td> <td>Any other ethnic background <input type="checkbox"/></td> <td>Not stated <input type="checkbox"/></td> </tr> </table>			White British <input type="checkbox"/>	White Irish <input type="checkbox"/>	Other White <input type="checkbox"/>	Mixed White & Black African <input type="checkbox"/>	Mixed White & Asian <input type="checkbox"/>	Mixed White & Black Caribbean <input type="checkbox"/>	Asian / Asian British Indian <input type="checkbox"/>	Asian / Asian British Pakistani <input type="checkbox"/>	Asian / Asian British Bangladeshi <input type="checkbox"/>	Black / Black British Caribbean <input type="checkbox"/>	Black / Black British African <input type="checkbox"/>	Any other Black background <input type="checkbox"/>	Chinese <input type="checkbox"/>	Any other ethnic background <input type="checkbox"/>	Not stated <input type="checkbox"/>
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Does this client wish to be seen at:																	
City <input type="checkbox"/>	Shipley <input type="checkbox"/>	Skipton <input type="checkbox"/>															

2. About the Referrer	
Referrers Name:	Role:
Address:	Organisation:
	Telephone No:
Postcode:	Date of Referral:
E-mail:	

3. Relevant Background & Information	
GP Name:	Psychiatrist / Care Coordinator Name:
Address:	Address:
Postcode:	Postcode:
Telephone:	Telephone:

Summary of mental health problems & diagnosis:

Current medication (include details of allergies, side effects, etc)

GP referrals please complete the following

Any Initial Alerts or Risk Issues? No  Yes  (If yes, please give us some more information below)

Harm to Self  Harm to others  Harm from others  Accidents

Drug/alcohol misuse  Other risk Behaviours

Please give details:

**ALL secondary mental health referrals must send full CPA and full RIO Risk Assessment**

Please state any other health problems/disabilities:

Are these secondary to their mental health problem? No  Yes

If No, please give details:

Has your client attended The Cellar Trust before? No  Yes

If 'yes', When was this and what has changed since the client last attended? (please specify)

Why are you referring this person to The Cellar Trust?

Which of the following benefits does the client receive? JSA  ESA (wrag)  ESA (support)

Please return the completed form and all relevant documents (i.e. Care Plan, Risk Assessment) to:  
 The Cellar Trust, The Old School, Farfield Road, Shipley, BD18 4QP or Fax to 01274 532783.  
**Please Note: Failure to attach the relevant documents will delay processing your referral.**  
 You may follow up this referral by e-mailing [christine.casson@thecellartrust.org](mailto:christine.casson@thecellartrust.org) or by calling  
 01274 586474 on Fridays and asking for Christine.

Documents Attached:

Care Plan (CPA)

Risk Assessment

### Referral Criteria

Our contract with Bradford Adult Services and the Bradford and Airedale Primary Care Trust is to assist working age adults with a moderate to severe or enduring mental health condition to regain their confidence and skills in order to get back to employment, education and training of their choice.

*This contract is quite specific about the clients it wishes to fund; these are:*

- **People of working age in any of the following categories. (Separate services exist for Young People and Elderly People.)**
- **People accessing secondary mental health services and on CPA.**
- **People accessing secondary services not on CPA.**
- **People with mental health conditions who would meet the criteria for secondary services but who are being treated by their GP.**
- **Anyone with a dual diagnosis who fits any of the above categories and where the mental health condition is the primary diagnosis.**

*We do not accept referrals for the following people:*

- **People who are currently misusing drugs and/or alcohol.**
- **People with a history of violence within the last six months**
- **People who are currently in in-patient facilities unless they are still employed or a forensic case with a long term plan of living within the community.**
- **People who might pose a threat to themselves, staff or other clients.**

*People who are able to refer clients to The Cellar Trust are:*

- **Any professional within secondary mental health services eg psychiatrist, psychologists, occupational therapists, nurses and community support workers.**
- **A GP who is treating a patient who would be eligible for secondary services.**

*Please note we do not accept referrals from the following:*

- **Self Referrals**
- **Referrals from other members of Primary Care teams**
- **Referrals from organisations outside secondary mental health services.**

## **Referral Guidance**

1. We are a recovery based service offering support to individuals with mental health problems who wish to improve their confidence and skills etc, with a view to returning to a mainstream environment.
2. We are not a day centre or a drop in or a hobby place, referrals should not be made, and places will not be offered, to individual wishing just to fill their time.
3. We can only accept referrals from approved secondary mental health services and GP's. If a client is involved in secondary services we would expect them to be referred by their mental health team not their GP.
4. New referrals will only be added to the waiting list once we have all the documentation. Referrals without this documentation will be held pending receipt of the correct paper work for a maximum of two months. If the paper work is not received by this point the referral will be closed.
5. All referrals should have a primary diagnosis of a mental health issue that warrants secondary service intervention. Referrals for individuals with dual diagnosis, for example, mental health and learning disabilities, mental health and ASD and mental Health and physical impairments will only be considered if the mental health element is the primary issue. It is not appropriate to offer dual diagnosis clients a place if mental health is the secondary concern. Every case will be assessed and decided individually based on our perception of the effectiveness of possible interventions and in line with our commissioning guidelines.
6. Potential clients should be clinically stable and living successfully in the community for at least 3 months. The only exception to this is referrals for retention cases i.e. people who are still employed but who may currently be in hospital; or referral with a forensic background who are on a long term plan to return to the community. Paperwork can be submitted prior to the three months.
7. We reserve the right to decline services to individuals with ongoing substance misuse issues or those with a history of violence or aggression towards themselves and others.
8. We have a zero tolerance policy towards any form of aggression, physical or verbal. Clients who exhibit such behaviours may be asked to leave.
9. Clients with severe complex needs will only be offered places where there is continuing involvement with other services working in a multidisciplinary approach. Such clients may have to wait longer for the service dependent upon our current client profile.

**We reserve the right to decline services to any individual who does not fit the above.**

