Reach Service - Referral Form

**Reach provides clients with one-to-one support for up to 6 months who are accessing secondary mental health services or on a waiting list; identifying personal goals and working towards achieving them. We also offer support to access groups and other services based on their locality and interests.**

|  |
| --- |
| Referral Criteria  Please ensure the following conditions have been met before completing a referral:   * Individuals must be aged between 18-65 years old. * Individuals must be associated with a lead professional within secondary care. * Individuals are hoping to engage in community activities. |

Guidance for referrers

Please **complete all fields** of the referral form, failure to do so may result in delays accessing support.

Completed forms should be password protected and emailed to [reach@thecellartrust.org](mailto:reach@thecellartrust.org) please do not email referrals to individual members of the team.

Once the referral has been reviewed, you will receive an email when it has been added to our waiting list. You will receive a further email update when the referral has been allocated to a support worker.

Should you require further information or have a query about a referral, please contact [reach@thecellartrust.org](mailto:reach@thecellartrust.org) alternatively, you can contact The Cellar Trust on 01274 586474.

|  |  |
| --- | --- |
| Personal Details - Referee | |
| Full Name: |  |
| Date of Birth: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| NHS Number: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How can we make contact? | | | | |
| Phone | Text | Email | Post | Any |

|  |
| --- |
| Referral Details |
| Identified mental health condition: |
| Secondary condition(s) e.g. physical health, learning disability, dual diagnosis etc.: |
| Reason for referral: |
| Individual aspirations: |

|  |  |
| --- | --- |
| GP/Doctor’s Details | |
| Name of surgery: |  |
| Address: |  |
| Doctor’s Name: |  |
| Telephone: |  |
| Email: |  |

|  |  |
| --- | --- |
| Gender | |
| Male (including transgender male) |  |
| Female (including transgender female) |  |
| Prefer not to say |  |
| Not asked |  |
| Not stated |  |
| Does the individual identify as transgender? | |
| Yes |  |
| No |  |
| Prefer not to say |  |
| Not asked |  |
| Not stated |  |

|  |  |
| --- | --- |
| Sexual Orientation | |
| Heterosexual or straight |  |
| Gay/Lesbian |  |
| Bisexual |  |
| Other |  |
| Prefer not to say |  |
| Not asked |  |
| Not stated |  |

|  |  |
| --- | --- |
| Ethnicity | |
| White – British |  |
| White – Irish |  |
| White – Any other White background |  |
| Asian or Asian British - Pakistani |  |
| Asian or Asian British - Indian |  |
| Asian or Asian British - Bangladeshi |  |
| Asian or Asian British - Chinese |  |
| Asian or Asian British – Any other Asian background |  |
| Black or Black British – African |  |
| Black or Black British - Caribbean |  |
| Black or Black British – Any other Black background |  |
| Central and Eastern European |  |
| Mixed – White and Asian |  |
| Mixed – White and Black African |  |
| Mixed – White and Black Caribbean |  |
| Mixed – Any other mixed background |  |
| Gypsy or Traveller |  |
| Roma |  |
| Any other Ethnic group |  |
| Prefer not to say |  |
| Not asked |  |
| Not stated |  |

|  |  |
| --- | --- |
| Main Language | |
| English |  |
| Urdu |  |
| Punjabi |  |
| Polish |  |
| Bengali |  |
| Other |  |
| Is an interpreter required? | |
| Yes |  |
| No |  |

|  |  |  |
| --- | --- | --- |
| Religion | | |
| Buddhist | |  |
| Catholic | |  |
| Christian | |  |
| Hindu | |  |
| Jewish | |  |
| Muslim | |  |
| Sikh | |  |
| No Religion | |  |
| Other Religion | |  |
| Prefer not to say | |  |
| Not asked | |  |
| Not stated | |  |
|  | |  |
|  | |  |
| Disability | | |
| Does the individual have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? | | |
| Yes - Registered disabled substantial (12 months or more) | |  |
| Yes - Registered disabled long-term (affect ability to carry out day to day tasks) | |  |
| No | |  |
| Prefer not to say | |  |
| Not asked | |  |
| Not stated | |  |
| Emergency Contact | | |
| Name: |  | |
| Relationship to client: |  | |
| Address: |  | |
| Telephone: |  | |

Additional Information

|  |  |
| --- | --- |
| Is the individual currently pregnant or do they have a child under 6 months of age? | |
| Yes |  |
| No |  |
| Prefer not to say |  |
| Not asked |  |
| Not stated |  |
| Are they an asylum seeker or refugee? | |
| Yes |  |
| No |  |
| Are they cared for? | |
| Yes |  |
| No |  |
| Are they a carer? | |
| Yes |  |
| No |  |

Support Considerations

|  |  |
| --- | --- |
| Is this a first time Reach referral? | |
| Yes |  |
| No |  |
| Is the individual aware of the referral? | |
| Yes |  |
| No |  |
| Does the individual need to be seen by two staff? | |
| Yes |  |
| No |  |
| Does the individual need to be seen be a specific gender of staff? | |
| Yes |  |
| No |  |
| Male  Female | |
| Are there any other support considerations? | |
| Yes |  |
| No |  |
| If yes, please give details: | |

Please complete the short risk assessment below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Risk Assessment | | | | |
| Harm to Self | Current  (0-6 months) | | Historical  (over 6 months) | |
| Act with suicidal intent | Yes | No | Yes | No |
| Self-injury or harm | Yes | No | Yes | No |
| Suicidal ideation | Yes | No | Yes | No |
| Self-neglect | Yes | No | Yes | No |
| If currently yes, please provide details: | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Harm from Others | Current  (0-6 months) | | Historical  (over 6 months) | |
| Risk of neglect | Yes | No | Yes | No |
| Risk of sexual exploitation | Yes | No | Yes | No |
| Risk of emotional or psychological abuse | Yes | No | Yes | No |
| Risk of physical harm | Yes | No | Yes | No |
| Risk of financial abuse | Yes | No | Yes | No |
| Risk caused by medication, services, treatment | Yes | No | Yes | No |
| If currently yes, please provide details: | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Harm to others | Current  (0-6 months) | | Historical  (over 6 months) | |
| Sexual assault incl. touching and exposure | Yes | No | Yes | No |
| Violence, aggression, or abuse towards: | | | | |
| Family | Yes | No | Yes | No |
| Other service users | Yes | No | Yes | No |
| Staff | Yes | No | Yes | No |
| General public | Yes | No | Yes | No |
| Arson | Yes | No | Yes | No |
| Hostage taking | Yes | No | Yes | No |
| Weapons | Yes | No | Yes | No |
| Risk to children | Yes | No | Yes | No |
| Risk to vulnerable adults | Yes | No | Yes | No |
| Exploitation of others inc. emotional, financial | Yes | No | Yes | No |
| Stalking | Yes | No | Yes | No |
| If currently yes, please provide details: | | | | |
|  | | | | |
| Accidents | Current  (0-6 months) | | Historical  (over 6 months) | |
| Falls | Yes | No | Yes | No |
| Accidental harm outside the home e.g. wandering | Yes | No | Yes | No |
| Unsafe use of medication | Yes | No | Yes | No |
| Driving/road safety | Yes | No | Yes | No |
| Other accidental harm at home | Yes | No | Yes | No |
| If currently yes, please provide details: | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Other risk behaviours | Current  (0-6 months) | | Historical  (over 6 months) | |
| Incidents involving the police | Yes | No | Yes | No |
| Correspondence | Yes | No | Yes | No |
| Phone calls | Yes | No | Yes | No |
| MAPPA | Yes | No | Yes | No |
| Schedule 1 | Yes | No | Yes | No |
| Absconding/escape | Yes | No | Yes | No |
| Visitors | Yes | No | Yes | No |
| Sex offenders | Yes | No | Yes | No |
| Probation service involvement | Yes | No | Yes | No |
| Damage to property | Yes | No | Yes | No |
| Theft | Yes | No | Yes | No |
| If currently yes, please provide details: | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Factors Affecting Risk | Current  (0-6 months) | | Historical  (over 6 months) | |
| Substance misuse | Yes | No | Yes | No |
| Risk of losing essential services | Yes | No | Yes | No |
| Major life event | Yes | No | Yes | No |
| Current mental state | Yes | No | Yes | No |
| Client unable to summon help | Yes | No | Yes | No |
| Refusal of services | Yes | No | Yes | No |
| Discontinuation of medication | Yes | No | Yes | No |
| Housing status | Yes | No | Yes | No |
| Client unaware of risk | Yes | No | Yes | No |
| Client support network unaware of risk | Yes | No | Yes | No |
| If currently yes, please provide details: | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Referrer Information | | | | |
| Name of Care Co-ordinator: | |  | | |
| Job Title: | |  | | |
| Telephone: | |  | | |
| Email: | |  | | |
| Work Base | | | | |
| Airewharfe | City | | North | South & West |
| Other (please specify): | | | | |

Declaration

|  |  |
| --- | --- |
| Signature: |  |
| Date: |  |

Please remember to use our password to protect this document.