

# Mental Health Wellbeing and Recovery Services

## Referral Form

### Provider Details for Referral Forms:-

**Leicester City:** [LeicesterMHWRSS@p3charity.org](mailto:LeicesterMHWRSS@p3charity.org). Free phone: 0808 178 0960. 21B St. Martins, Leicester, LE1 5DE.

**Oadby & Wigston, Blaby and Harborough:** [Richmond.fellowshiplifelinks@nhs.net](mailto:Richmond.fellowshiplifelinks@nhs.net). Free Phone 0800 0234575 (SPOA) 1st Floor 60 Charles Street, Leicester. LF1 1FB

**North West Leicestershire and Hinckley & Bosworth:** [nwleicshbos.mhm@nhs.net](mailto:nwleicshbos.mhm@nhs.net) Phone: 0300 323 0189 Single Point of Access, Swithland Suite, The Crescent, 27 King Street, Leicester LE1 6RX

**Melton and Charnwood:** [referralsCMMH@ncha.org.uk](mailto:referralsCMMH@ncha.org.uk). Tel: 0800 434 6126. Unit B The Point, Granite Way, Mountsorrel, Leicestershire, LE12 7TZ

**Rutland:** [RutlandMHWRSS@p3charity.org](mailto:RutlandMHWRSS@p3charity.org). Phone: 07923169469. Rutland County Council, Catmose House, Catmose Street, Oakham, LE15 6HP.

<b>Full Name</b>	
<b>Date of Birth</b>	
<b>Current Address</b>	
<b>Contact Number</b>	
<b>Email Address</b>	
<b>NHS Number (if known)</b>	
<b>GP Surgery</b>	
<b>GP Name, Address &amp; Contact Number (If known)</b>	

If you are referring someone into the service, please print your details and confirm that you have gained consent from the individual being referred.

Name ..... Email.....

Job Title..... Telephone number.....

Consent Gained - Yes/No

**Reason(s) for referral**

**Are there any risks / urgent issues that you think we should be made aware of?**

**Do you need any support to access this service?**

For example: an interpreter, accessible venue, equipment...

**By signing this form, I give consent to the organisation receiving personal information from my referral agent and or any other agencies involved in my current or previous care/support. I understand that they will handle all information in line with Data Protection Legislation and their own Confidentiality and Information Governance Protocols.**

**Signature ..... Date .....**

**Internal Use only:**

<b>Date received</b>	
<b>Date Actioned</b>	
<b>Outcome</b>	
<b>Assigned to</b>	
<b>Signed</b>	
<b>Date</b>	



**Mental Health Wellbeing and Recovery Services Funded by:**

