

# Mental Health Wellbeing and Recovery Services

## Referral Form

### Provider Details for Referral Forms:-

Leicester City, Oadby, Wigston & Blaby

[Richmond.fellowshiplifelinks@nhs.net](mailto:Richmond.fellowshiplifelinks@nhs.net). Free Phone 0800 0234575 (SPOA)

Charnwood, North West Leicestershire, Hinckley & Melton

[leicestershire.andrutland.mhm@nhs.net](mailto:leicestershire.andrutland.mhm@nhs.net) free phone 0300 3230 189 Single Point of Access

Harborough

[Harborough.mindmatters@nhs.net](mailto:Harborough.mindmatters@nhs.net) 01858 411383

<b>Full Name</b>	
<b>Date of Birth</b>	
<b>Current address</b>	
<b>Contact Number</b>	
<b>Email Address</b>	
<b>NHS Number</b>	
<b>GP Name address &amp; Contact number</b>	

<b>Ethnicity</b>	
<b>Gender Preference</b>	

<b>Reasons for referral</b>

<b>Any Specific Support e.g. interpreter</b>

**If you are referring someone into the service please sign to say that you have gained consent from the individual being referred.**

Name..... Date.....

Job Title.....

**Self Referrals Only**

<b>What support do you currently receive</b>

<b>Names of any professionals or organisations you are receiving help from</b>	
<b>What is their name</b>	<b>What is their contact details</b>

By signing below I give consent to .....receiving personal information from my referral agent or any other agencies involved in my current or previous care/ support..... will handle all information in line with their Confidentiality Policy and Information Governance protocols.

Signature.....

Date.....

**Internal Use only:**

<b>Date received</b>	
<b>Date Actioned</b>	
<b>Outcome : Telephone support, 1-1 support ,Signposting</b>	
<b>Assigned to</b>	
<b>Signed</b>	
<b>Date</b>	



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

