

# 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)  
 1st Floor 60 Charles Street, Leicester. LF1 1FB

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  
 Swithland Suite The Crescent, 27 King Street, Leicester LE1 6RX

Harborough  
[Harborough.mindmatters@nhs.net](mailto:Harborough.mindmatters@nhs.net) 01858 411383  
 1<sup>st</sup> Floor Torch House, Torch Way, Market Harborough, Leicestershire LE16 9HL

<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>	

**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..... Date.....**

**Job Title..... Consent Gained Yes/No**

<b>Reasons for referral</b>

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

<b>Names of any other professionals or organisations involved</b>	
<b>Name</b>	<b>Contact Details</b>

**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 : 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:**

