

“The Old School”, Priory Orchard, Margery Lane, Durham, DH1 4QJ. Tel: (0191)3848100/3848462

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[www.stmargaretscentre.co.uk](http://www.stmargaretscentre.co.uk)

*Registered Charity No. 1160900*

**REFERRAL FORM**

**PURPOSE FOR REFERRAL:** Mental Health  Social Care

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| Address |  | Telephone |  |
| Dependants |  |
| Post Code |  | Marital Status |  |
| Email |  | | |
| Emergency Contact |  | Telephone |  |
| Referred by (name) |  | Telephone |  |
| Referred by (team) |  | Address |  |

**Medical History –** Please include details of **mental and physical health conditions** (including diabetes, epilepsy, heart problems), allergies and medication (ie. epi-pen, GTN spray), as well as specific support needs. Attach a supporting document if required.

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|  |

**Identify area(s) of interest:**

|  |  |
| --- | --- |
| Joinery | Horticulture / gardening |
| Arts and Crafts | Work skills |
| Self-management groups | Educational courses |
| Structured Volunteering - Cafe | Other (please indicate): |
| Structured Volunteering – Craft Shop |

**Reasons for referral (please indicate):**

|  |  |  |
| --- | --- | --- |
| **Managing mental health** | **Social care** | |
| Confidence | Developing social networks | |
| Motivation | Managing relationships | |
| Self-esteem | Reducing isolation | |
| Vulnerability | Other (please indicate): | |
| Prevention |
| Wellbeing |
| Coping strategies |
|  | |  |
| **Core skills** | | **Growth** |
| Teamwork | Willingness to learn new skills | |
| Engagement | Meaningful occupation | |
| Conduct | Empowerment | |
| Time management | Other (please indicate): | |
| Problem solving |
| Communication |
| Living skills |

**Hobbies / Skills / Interests / Work history** (optional)

|  |
| --- |
|  |

**Please include a recent care plan and risk assessment, if applicable.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR OFFICIAL USE ONLY:**

**Date referral received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date first seen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of induction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**