

“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**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 [ ]  | Gardening [ ]  |
| Arts and Crafts [ ]  | Work skills [ ]  |
| Self-management courses [ ]  | Educational courses [ ]  |
| Structured Volunteering – Café [ ]  | 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)

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**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**