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|  **Name of Client:** | **Date of Birth:** |
| **Address: Telephone No:** **Mobile No:****Email address:****Ethnicity** (Please tick):White: 󠄀󠄀 British 󠄀󠄀 Irish 󠄀󠄀 OtherAsian or Asian British: 󠄀󠄀 Indian 󠄀󠄀 Pakistan 󠄀󠄀 Bangladeshi 󠄀󠄀 OtherBlack or Black British: 󠄀󠄀 Caribean 󠄀󠄀 African 󠄀󠄀 OtherMixed: 󠄀󠄀 White and Black Caribean 󠄀󠄀 White and Black African 󠄀󠄀 White and Asian 󠄀󠄀 OtherChinese or other ethnic group: 󠄀󠄀 Chinese 󠄀󠄀 Other Undisclosed: 󠄀󠄀 Do not wish to answer  |
| **Referral type** (please tick):* Referred by Social Services
* Referred by Somerset Partnership
* Referred by Adult Social Care Team
* Other (Please specify eg. Self referral, Job Centre)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **Referrer details (if applicable):**Name:Organisation: Position: Address: Telephone:Email: |
| **GP details:**Name:Address: Telephone:Email: |
| **Emergency contact details** (Next of kin or significant other):Name:Relationship: Address: Telephone:Email: |
| **Reason for Referral:**What is the main reason for your referral to Heads Up Outreach Service?Summary of mental health and how it affects you/the person you are referring? (please provide information about triggers, anniversaries etc) |
| **Details of current medication and any known side effects:**  |
| **Please let us know about any potential risk factors:**Harm/abuse towards others:Harm/abuse caused by others:Deliberate self-harm:Non-deliberate self-harm:Clinical risk (eg: Drugs, alcohol, non-complaince, disengagement, delusions/hallucinations):Other: |
| **Payment:**How will you/the client be paying for your Outreach Support? 󠄀󠄀 Self funded (cash / cheque / BACS) 󠄀󠄀 Direct payments 󠄀󠄀 Other, please specify;Who will be managing the payments if entitled to Direct Payments? 󠄀󠄀 Enham 󠄀󠄀 Self ManagedWho will be managing the payments if self-funding? 󠄀󠄀 Yourself/the client 󠄀󠄀 A carer or other nominated person (please detail below)Has the claim for Direct Payments been authorised, if so by who? 󠄀󠄀 Yes 󠄀󠄀 No 󠄀󠄀 Please specify; |