Email completed form to: **referrals@nafsiyat.org.uk**

|  |
| --- |
| Date of Referral: |
| **Referrer Information** |
| Name: | Role: |
| Telephone: | Email: |
| **Client Information** |
| Name: | Date of Birth: | NHS Number: |
| Current Address: | Gender: | Marital Status |
| Postcode: | Main Language Spoken: |
| Mobile:*If you provide a mobile number, we will assume it is ok to leave a message/text. Please tick if not* [ ]  | Ethnicity: |
| Is the client aware of the referral? YES [ ]  NO [ ] Has the client provided consent to this referral?[ ]  Yes [ ]  No |
| Home Telephone: |
| Email: |
| Name of GP: |
| GP Address: | Any disability/access requirements? YES [ ]  NO [ ] *If YES, please specify:* |
| GP Postcode: |
| GP Telephone: | Availability: |

|  |
| --- |
| **Living/Social Circumstances** |
| Employment Status: |
| Division: |
| Service: |
| Band: |
| Social Situation: |
| **Are they receiving help from other services?** |
| YES [ ]  NO[ ] *If YES, please give details:* |

|  |
| --- |
| **Referral Information** |
| Please give a brief reason for the referral: |  |
| Background history (previous diagnoses, hospital admissions, treatment, self-harm, or previous suicide attempts): |  |
| Prescribed medication: |  |

**Please attach additional information if helpful (e.g., assessment reports) and send completed form to** **referrals@nafsiyat.org.uk**

**Please note: the parking at Nafsiyat is limited and there are no childcare facilities.**

END OF FORM