**Mental Health Wellbeing and Recovery Services**

# Referral Form

**Provider Details for Referral Forms:-**

**Leicester City:** LeicesterMHWRSS@p3charity.org. Free phone: 0808 178 0960. 21B St. Martins, Leicester, LE1 5DE.

**Oadby & Wigston, Blaby and Harborough:** Richmond.fellowshiplifelinks@nhs.net. Free Phone 0800 0234575 (SPOA) 1st Floor 60 Charles Street, Leicester. LF1 1FB

**North West Leicestershire and Hinckley & Bosworth:** nwleicshbos.mhm@nhs.net Phone: 07816269726 CAN HQ, Memorial Square, Coalville LE67 3TU

**Melton and Charnwood:** referralsCMMH@ncha.org.uk. Tel: 0800 434 6126. Unit B The Point, Granite Way, Mountsorrel, Leicestershire, LE12 7TZ

**Rutland:** RutlandMHWRSS@p3charity.org. Phone: 07923169469. Rutland County Council, Catmose House, Catmose Street, Oakham, LE15 6HP.

|  |  |
| --- | --- |
| **Full Name**  |  |
| **Date of Birth**  |  |
| **Current Address**  |  |
| **Contact Number**  |  |
| **Email Address**  |  |
| **NHS Number** **(if known)** |  |
| **GP Surgery** |  |
| **GP Name, Address & Contact Number****(If known)** |  |

 **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 …......................................... Email…………………….**

**Job Title…................................ Telephone number…………………..**

**Consent Gained - Yes/No**

|  |
| --- |
|  **Reason(s) for referral**  |
|  |
| **Are there any risks / urgent issues that you think we should be made aware of?** |
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| --- |
| **Do you need any support to access this service?** For example: an interpreter, accessible venue, equipment… |
|  |

**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:**

|  |  |
| --- | --- |
| **Date received**  |  |
| **Date Actioned**  |  |
| **Outcome** |  |
| **Assigned to**  |  |
| **Signed**  |  |
| **Date**  |  |

|  |  |
| --- | --- |
| NCHA Care and Support Logo | Leicestershire Life Links logo |
| Mental Health Matters Logo | People Potential Possibilities (P3) Logo |

**Mental Health Wellbeing and Recovery Services Funded by:**

