Evening Sanctuary Introduction Form

Living Well Partnership

Mosaic Clubhouse 65 Effra Road
Brixton
London
SW2 1BZ

Part 1: To be filled in by the referrer			
Client Details			
Name:	Gender: (Please circle) Male Female		
Date of Birth:	maio i omaio		
Address:	New customer YES/NO		
	Email:		
We are only able to support Lambeth residents. Please confirm that the person lives in Lambeth YES/NO	Tel/mobile:		

Ethnicity:			
White British	Mixed Other Mixed background	Asian or Asian British Bangladeshi	
White Irish	Black or Black British African	Other Asian	
White Other	Black or Black British Caribbean	Other Ethnic Group Vietnamese	
Mixed White & Black Caribbean	Black or Black British Other	Other Ethnic Group	
Mixed White & Black African	Asian or Asian British Indian	Other / Unknown (please specify below)	
Mixed White & Asian	Asian or Asian British Pakistani		

Referral details							
Name of referrer:					Ref	erral date:	
Referring organisation:							
Contact number:			Referral time:				
Contact e-mail:							
Referral agency (Please Tick)							
St George's	St Thomas's	Kings College	24 Hour Crisis Line	Solidarity in a Cris	sis	CMHT	GP
The Maudsley	Look Ahead	Lambeth Hospital	Street Triage Team	Living Well Netwo	rk	HTT	Other

Risk (please delete YES/NO as appropriate)

Has the client any history of suicide attempts/overdoses? **YES/NO** If yes provide details and **include recent dates if known**:

THOR GOOLIGIT COMMITTEE			
Has the client any history of self-harm? YES/NO If yes provide details:			
Does the client have a history of violent or aggressive behaviour, sexually inappropriate behaviour? YES/NO If yes, provide details <u>including dates</u> of incidents and convictions for violent or sexual offences: Are they aware that we cannot accept referrals for anybody with a history of violent or sexual offences within the last 12 months.			
Does the client have a history of alcohol or substance misus. Are they aware that we cannot allow anybody under the influ			
Are there any other risks posed by or to the client? YES/N	0		
If yes give details:			
Please use additional sheets if required.			
Part 2 – to be completed with the clie	ent/referrer		
What would you like support with?			
Are there any signs or triggers that indicate your mental health is deteriorating?			
Are you currently experiencing suicidal thoughts? YES/NO			
Do you have any cultural, religious or spiritual needs relevant to using the service?			
Do you have any physical health needs relevant to usi	ng the service?		
Do you agree to this referral? YES/NO	Do you have a care plan? YES/NO		
Do you have somewhere to sleep tonight? YES/NO	Are you aware that the Sanctuary closes at 11:30pm? YES/NO		
I consent to Mosaic Clubhouse staff collating and storing information about me and when appropriate, sharing keeping and receiving information with other key people providing me care service.			
Signature:	Date:		

Please be aware, we cannot process this application without all relevant sections being completed.