Living Well Partnership



Evening Sanctuary Introduction Form

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| **SECTION A: TO BE COMPLETED BY THE REFERRER**  Please complete all sections in as much detail as possible |

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| **CLIENT DETAILS** | |
| Name: | Address: |
| Date of Birth: |
| Tel/mobile: |
| Email: | **We are only able to support Lambeth residents.**  **Please confirm that the client lives in Lambeth YES** |

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| **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 |

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| **GENDER** | | |
| Male | Female | Other |

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| **PRONOUNS** | | |
| He/Him/his | She/Her/Hers | They/Them/Theirs |
| Prefer not to say | Other (Please specify) | |

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| **REFERRER DETAILS** | |
| Name of referrer: | Referring organisation: |
| Contact number: | Contact email: |
| Referral date: | Referral time: |

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| **REFERRAL AGENCY - PLEASE CIRCLE** | | | | | | |
| Single Point of Access | St Thomas’s | Kings College | 24 Hour Crisis Line | Solidarity in a Crisis | CMHT | GP |
| The Maudsley | Look Ahead | Lambeth Hospital | Mosaic Clubhouse | Living Well Network | HTT | Other |

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| **RISK INFORMATION** |
| Does the client have a history of mental illness? YES  NO  If yes please provide details: |
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| Do they have a history of suicide attempts/overdoses? YES  NO  If yes please provide details and include recent dates: |
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| Are they currently experiencing suicidal thoughts? YES  NO  If yes please provide details: |
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| Do they have any history of self-harm? YES  NO  If yes please provide details: |
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| Do they have a history of violent, aggressive, or sexually inappropriate behaviour? YES  NO  If yes, please provide details including dates of incidents and convictions: |
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| **Are they aware that we cannot accept anyone with a history of violent or sexual offences in the last 12 months? YES** |
| Do they have a history of alcohol or substance misuse? YES  NO  If yes please provide details (i.e. frequency/use): |
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| **Are they aware that we cannot allow anyone under the influence of drugs or alcohol to access The Sanctuary? YES** |
| Are there any other risks posed by or to the client? YES  NO  If yes please provide details. |
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| **SECTION B – TO BE COMPLETED BY THE CLIENT AND REFERRER** | |
| What would you like support with? | |
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| Are there any signs or triggers that indicate your mental health is deteriorating? YES  NO | |
|  | |
| Do you have any cultural, religious or spiritual needs relevant to using the service? YES  NO | |
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| Do you have any physical health needs relevant to using the service? YES  NO | |
|  | |
| 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 | Do you know that the Sanctuary closes at 11:30pm? YES  NO |
| I consent to Evening Sanctuary staff collecting and storing information about me, and when appropriate, sharing vital information with other key services.  Client’s Signature: Date: | |
| **For more information, including videos about the service please visit our website at: evening.sanctuary@mosaic-clubhouse.org** | |