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 [ ]  |
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| 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 [ ]  |
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| 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: mosaicclubhouse.org/sanctuary** |