Sanctuary Introduction Form

**Part 1: to be filled in by the referrer**

|  |  |  |
| --- | --- | --- |
| **Staff Member/Member dealing with referral:** |  | **Date of Birth:**GP Practice:New customer?: YES  NO **Gender:** Male  Female **Risk****Does the client pose an immediate risk to himself or to others?** YES  NO **Does the client have a history of violent or aggressive behaviour, sexually inappropriate behaviour or convictions for violent or sexual offences?** YES  NO **If yes, please give details:****Is this history recent (e.g in the past year)?** YES  NO  |
| **Referral details** |  |
| Referral day:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |

Referral date: |  |
| Referral time: |  |
|  |
|  |
| **Sanctuary visit booked:** |  |
| Day:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |

Date: AttendedYES  NO  |  |
| **Referrer details**  |  |
| Name: |  |
|  |
| Organisation: |  |
| Contact number: |  |
| Contact e-mail:  |  |
| **Customer Details** |  |
| Name: |  |
| Address: |
|  |
|  |  |
| Post code: |  |
| Tel: |  |
|  |
| Email:  |  |

**Part 2: to be filled in by the client**

|  |  |
| --- | --- |
| **Triage questions** |  |
| What would you like support with? | **Ethnicity:**

|  |  |
| --- | --- |
| White British |  |
| White Irish |  |
| White Other |  |
| Mixed White & Black Caribbean |  |
| Mixed White & Black African |  |
| Mixed White & Asian |  |
| Mixed Other Mixed background |  |
| Asian or Asian British Indian |  |
| Asian or Asian British Pakistani |  |
| Asian or Asian British Bangladeshi |  |
|  Other Asian |  |
| Black or Black British African |  |
| Black or Black British Caribbean |  |
| Black or Black British Other |  |
| Other Ethnic Group Chinese |  |
| Other Ethnic Group Vietnamese |  |
| Other Ethnic Group Other / Unknown  |  |

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| Are you experiencing any changes in behaviour thoughts or feelings?  |
| Do you agree to be referred to the Sanctuary?YES  NO  |
| Are there signs indicating that your mental health is deteriorating? |
| Do you have a care plan? 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 using the service? |
| Do you have somewhere to sleep tonight? YES  NO  | Are you aware that the Sanctuary closes at 02:00?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:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_