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 |  | |
| 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:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_