Living Well Partnership



Evening Sanctuary Introduction Form

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

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

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| **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**: |
| **Risk section continued** |
| 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 **including dates** 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 misuse? **YES/NO** If yes provide details (i.e. frequency/ use):Are they aware that we cannot allow anybody under the influence of drugs or alcohol to access The Sanctuary? |
| Are there any other risks posed by or to the client? **YES/NO**If yes give details:**Please use additional sheets if required.** |

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| **Part 2 – to be completed with the client/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 using 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.