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:** | **Please describe your gender:**  **Or circle Prefer not to say.**  **Please circle your pronouns:**  He/Him/hisShe/Her/HersThey/Them/Theirs |
| **Address:**  We are only able to support Lambeth residents.  Please confirm that the person lives in Lambeth **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.