



## Lancashire Mind Adult Virtual Wellbeing Coaching

### Referral Form

**PLEASE NOTE ALL OF THIS FORM MUST BE COMPLETE TO BE ACCEPTED**

**Always send referrals securely and with password protection on the document**

Please return securely to: [virtualcoaching@lancashiremind.org.uk](mailto:virtualcoaching@lancashiremind.org.uk)

<b>Full Name:</b>		<b>Age:</b>		
<b>Address:</b>				
	<b>Postcode:</b>			
<b>D.O.B:</b>				
<b>Email:</b>				
<b>Telephone:</b>	Home:		Mobile:	
<b>Next of Kin:</b>	Name:		Number:	

Is it okay for us to email you at the above address?

Yes

No

Is it okay for us to phone you on the above numbers?

Yes

No

Is it okay for us to leave a message (voice or text) at the above numbers?

Yes

No



### Contact with your GP

Please note that as part of our confidentiality policy, if there is reason to be seriously concerned about your welfare, we may need to break confidentiality without your consent to help you stay safe.

We will try to get your consent first, but this may not always be possible.

<b>GP's Name:</b>	
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Registered Charity No.1081427 [www.lancashiremind.org.uk](http://www.lancashiremind.org.uk)

T: 01257 231660  Lancashire Mind  @lancsmind

Last updated October 2022  
**PRIVATE & CONFIDENTIAL**

<b>Surgery Name:</b>	
<b>Surgery Number:</b>	

### Demographic Information

At Lancashire Mind our vision is **Mental Wellbeing for All**. We are committed to removing barriers to mental health services and reaching everyone who needs our support. The following questions help us assess how we can improve our service, they are however **optional**.

<b>Age:</b>		<b>Gender:</b>		<b>First part of postcode (e.g. PR7):</b>		
<b>Is your gender identity the same as the gender you were assigned at birth?</b>				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

### Sexual Orientation

Straight/heterosexual:	<input type="checkbox"/>	Gay woman/lesbian:	<input type="checkbox"/>	Prefer not to say:	<input type="checkbox"/>
Gay man:	<input type="checkbox"/>	Bisexual:	<input type="checkbox"/>	Other:	<input type="checkbox"/>

### Ethnic Origin

These categories reflect the guidelines provided by the Commission for Racial Equality. It is about the group to which you perceive you belong.

<b>White</b>		<b>Black</b>	
<input type="checkbox"/>	British	<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	English	<input type="checkbox"/>	African
<input type="checkbox"/>	Irish	<input type="checkbox"/>	Any other Black Background
<input type="checkbox"/>	Any other White background	<input type="checkbox"/>	
<b>Asian or British Asian</b>		<b>Mixed</b>	
<input type="checkbox"/>	Indian	<input type="checkbox"/>	White & Black Caribbean
<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	White & Black African
<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	White & Asian
<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>	Any other mixed background
<b>Chinese or Other Chinese</b>			
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Any other Chinese Background	<input type="checkbox"/>	Other

**Disability:** do you consider yourself to be a person with a disability including long-term health conditions?

Yes:  No:  Prefer not to say:

**Dependants:** Do you have children under 18 or act as the main carer for a friend or family member?

Yes:  No:  Prefer not to say:

<b>Where did you hear about Virtual Wellbeing Coaching?</b>

### Consent to Share Information

When necessary, we might need to share some or all the information you give us with other organisations or service providers to ensure you get the right service. Your data is your property, so we need your permission to share it. This is your choice and you are free to refuse.

We will only share information with external agencies when it is necessary to continue or improve the services, we are offering you, or when it is necessary to protect the safety of you or another. Your personal information is never used for marketing purposes.



Please tick the box below to indicate your consent to share information:

**Yes**, I hereby authorise **this referral** and the Lancashire Mind Virtual Wellbeing Coaching Service **to disclose to other agencies, both statutory and voluntary, any information considered necessary to assist those agencies to support me** in relation to all aspects of my health and wellbeing.

**The implications of the above have been explained to me** and I give my consent on the

understanding that all disclosures of my

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information will be governed by the principles and provisions of the Data Protection Act 2018 and in accordance with Data Sharing Protocols and Agreements negotiated under that, and other, legislation. I understand that there may be circumstances in which other agencies will be authorised in law to have access to my records and that the agencies will comply with legal requests accordingly.

### Additional Details

Please provide some more detail about your current mental wellbeing, any specific issues that are challenging at the moment, or anything else that will help us to support you:

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### **RISK ASSESSMENT**

**To be completed for all referrals**

<b>Does the client have active thoughts of suicide or self-harm?</b>
<b>Does the client have any thoughts, plans or intentions to act on their thoughts?</b>
<b>Is the client receiving support from any other service, e.g. GP, Social Services, MindsMatter</b>
<b>Can the client keep themselves safe? Are they safe at home? Have you provided Crisis numbers?</b>

<b>Does the client have any previous criminal convictions? If yes, please can you provide details.</b>

### Referrer Details

<b>Name of Referrer and organisation (or self-referral):</b>	
<b>Date of Referral:</b>	

***(office use only)***

<b>File kept securely until:</b>	
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