

Rochdale & District Mind Referral Guidelines and Factsheet

Important – please read before completing the Referral Form

The more information that you complete on this Referral Form, the easier it will be for us to quickly process the referral and identify any needs.

Most of the activities we offer involve working in small groups or attending self help groups and only address the most common mental health problems – stress, anxiety and depression.

What happens next:

When we receive your Referral Form, we will email or text you, normally within a few days, to acknowledge receipt of your Referral Form, if you provide us with a valid email address or mobile phone number.

We will then be in touch to invite you to contact one of our Wellbeing Co-ordinator to arrange a one to one appointment. We can normally offer new referrals an appointment within 3-4 weeks.

This appointment will normally take place in a quiet room in the Mind Wellbeing Centre or at one of our outreach facilities. The Wellbeing Co-ordinator will discuss and explore your issues with you. You can be assured you will be provided with a confidential and professional service at all times. You may be offered information about local services which may be able to assist you. If appropriate, you will be advised of what Mind activities could be offered to start to address these issues. A summary of the key activities we can offer is on our website: www.rochdalemind.org.uk.

What we do NOT do:

Please note that we cannot offer services to people who live outside the Rochdale Metropolitan Borough.

We cannot offer services to people whose primary need is related to alcohol or drug misuse, or learning difficulties. These referrals should be directed to appropriate agencies who provide support for these issues.

For further information on other services that are available, please call our Information in Mind Service on 01706 752 338 or email: info@rochdalemind.org.uk

To promote a safe atmosphere for everyone using our premises, anyone who attends an appointment or service under the influence of alcohol or non-prescription drugs will be asked to leave.

The information you give on this form will be kept PRIVATE and CONFIDENTIAL, in accordance with Rochdale and District Mind's Confidentiality Policy. For more details on how we use your information and our privacy statements, please refer to our website.

Open Mind Referral Form

The information you give on this form will be kept **PRIVATE** and **CONFIDENTIAL**, in accordance with Rochdale and District Mind's Confidentiality Policy.

Details of Person Referred

First name: _____ Last Name: _____
 Date of birth: _____ Gender: _____
 Language: _____ Do you need an interpreter? Yes ☐ No ☐

PLEASE NOTE: Most of our services are primarily funded **ONLY** for residents living in the Rochdale Metropolitan Borough area (including Heywood, Middleton and Littleborough).

Address: _____

Postcode: _____ if you DON'T want us to send you letters, put a cross here: ☐

Telephone: Home: _____ if you DON'T want us to leave messages, put a cross here: ☐

Work: _____ if you DON'T want us to leave messages, put a cross here: ☐

Mobile: _____ if you DON'T want us to leave messages, put a cross here: ☐

if you DON'T want us to contact you by text message, put a cross here: ☐

Email: _____

We may send occasional emails or texts about events and services. **If you wish to receive these, please tick here** ☐

Details of Referrer

If you are being referred by someone, we may contact them to discuss your referral and your progress.

Are you referring yourself? Yes ☐ please continue overleaf No ☐ please complete information below

Referrer's name: _____ Role: _____

Organisation: _____

Address: _____

Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

If you provide valid email or mobile details, we will email or text you to confirm receipt of this form.

Monitoring Information

We collect the following information so we can monitor how far our client group represents the diverse communities of Rochdale, and work towards fair access to our services for all groups.

How would you describe your ethnic origin?

White: ☐ White British

☐ White Irish

☐ Gypsy or Irish Traveller

☐ White Other _____

Asian: ☐ Pakistani

☐ Bangladeshi

☐ Chinese

☐ Indian

☐ Asian Other _____

Black: ☐ Black African

☐ Black Caribbean

☐ Black Other: _____

Mixed: ☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Mixed Other: _____

Other: ☐ Arab

☐ Other ethnic group (please state): _____

☐ Do not wish to state

How would you describe your sexual orientation?

☐ Heterosexual

☐ Lesbian

☐ Other: _____

☐ Bisexual

☐ Gay

☐ Do not wish to state

Do you have a disability?

☐ Mental health condition

☐ Physical disability

☐ Learning disability

☐ Other: _____

☐ No disability

☐ Do not wish to state

How would you describe your religious beliefs?

☐ None

☐ Christian

☐ Buddhist

☐ Hindu

☐ Other: _____

☐ Muslim

☐ Sikh

☐ Jewish

☐ Do not wish to state

How would you describe your relationship status?

☐ Married

☐ Co-habiting

☐ Other: _____

☐ Single

☐ Civil partnership

☐ Do not wish to state

How would you describe your residency status?

☐ British Citizen

☐ EU National

☐ Other: _____

☐ Refugee

☐ Asylum seeker

☐ Do not wish to state

Are you a veteran? (ex-service men/women)

Yes

No

Are you a Carer?

Yes

No

Mental Health Issues

Describe briefly your mental health issues

- ☐ Depression
- ☐ Anxiety
- ☐ Stress
- ☐ Other (please give details)

Your Support Needs

Most of our support is through small groups.

What do you think would help you to manage your mental health and move towards recovery?

If you have a diagnosis, what is it?

Do you agree with this diagnosis? Yes ☐ No ☐

How long have you had a mental health issue?

Less than 6 months ☐ 6 months – 1 year ☐ 1 – 2 years ☐ Over 2 years ☐

Physical Health Issues

Any physical issues you think we should know about
e.g. disabilities, epilepsy, asthma, diabetes

Other Issues

Any other issues you think we should know about e.g.
learning difficulties, alcohol/drug dependency, pregnancy

Your Current Support

We will not contact these people without your permission

GP's details:

GP's name: _____ Telephone: _____

GP's Address: _____

Please give details of any support you have, eg Psychiatrist, Counsellor, CPN, Social Worker, Carer, Community Mental Health Team, Probation, Support worker, Psychologist, Alcohol/Drugs Worker:

Role	Name	Address	Telephone No.

Employment Status

☐ Employed
☐ Retired

☐ Self-employed
☐ Student full-time

☐ Unemployed
☐ Other

If you are unemployed, would you like support to get into employment or volunteering?

If Employed, what type of work do you do?

How Did You Hear About Us?

Emergency Contact Details

We will only contact this person in the event of an accident or emergency

Name of Person: _____ Relationship to You: _____

Address: _____

Post Code: _____

Telephone: _____ Mobile: _____

Risk Issues

If there are risk issues for you, we can usually still offer you our services. By telling us about these issues, you help us ensure our services are safe for yourself and others.

Do you have any history of risk to yourself or others, for example self-harm, attempted suicide, self neglect, violence to others, sexual offence, arson, violence to property, theft?

No ☐ Yes ☐

If **Yes**, please give details, and whether or not this is a current risk. Please enclose a risk assessment, if you have one.

How we use your information

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Signature of person being referred: _____ Date: _____

Signature of referring worker: _____ Date: _____

By signing this form you are confirming that the Client is aware of, and consents to this referral and that we will share all information contained in this form with the Client.

Thank you for completing this Referral Form.

Once we receive this completed Referral Form, one of our Wellbeing Co-ordinators will be in touch as soon as possible. They will arrange to meet with you, or talk over the telephone, to discuss your needs and draw up a support plan.

The Wellbeing Co-ordinator will then direct you to appropriate support, either within Rochdale & District Mind's services, or provided by other organisations.

Please return this completed form to:

Via Post: **Open Mind Team
The Mind Wellbeing Centre
3 – 11 Drake Street
Rochdale
OL16 1RE**

Email: referrals@rochdalemind.org.uk

Fax: **0871 528 4488**