



For better mental health

Great Yarmouth and Waveney Mind

31 Caister Road
Great Yarmouth
Norfolk
NR30 4DA

T: 01493 842129
F: 01493 330294
W: www.gywmind.org.uk
e: reception@gywmind.org.uk

Reg. charity number 1059886
Company number 3282832

Request for Service

Please contact myself () Referrer () for initial appointment
(Please tick)

Person's name
Male/Female Date of birth
Address
Telephone number / mobile Email
Can an answer phone message be left on the above number(s) Yes / No

Referrer's name
Address
Telephone number / mobile Email
Relationship / role

Service / Support Required

Please provide two people who we may contact in case of emergency:

Name Relationship
Telephone number / mobile Email

Name Relationship
Telephone number / mobile Email

GP
Surgery Telephone

Consultant
Address Telephone

Linkworker / CPN
Address Telephone



Have you received a service from us in the past? Yes / No (Please circle as appropriate)

Medical information to include psychiatric history, substance misuse, behavioural or personality problems. Please be as open as possible as this information will enable us to achieve the appropriate service/support.

.....
.....
.....
.....
.....
.....
.....

About you (Please circle as appropriate)

Are you a Carer Yes/No

Do you have a Carer Yes/No

Do you like being with people? Yes / No Have you ever worked in a group? Yes / No

Have you ever experienced any of the following? Please tick:

Epilepsy		Anger problems		Eating disorders	
Harm to others		Psychosis		Suicidal thoughts	
Allergies		Self harm		Asthma	
Back injury		Substance misuse		Diabetes	
Heart problems		Problems taking medication		Any other health problems/issues	

Ethnic origin.....

Signed: Interested Person..... Date.....

To be completed by referrer	
Does the referred person have a CPA	Yes/No
If so can a copy be provided?	Yes/No
Signed	Date

We will contact you as soon as possible to offer an appointment for assessment and to discuss future aims.

**Please return form to: Referrals
Great Yarmouth and Waveney Mind
31 Caister Road, Great Yarmouth
Norfolk, NR30 4DA**



Risk Assessment

1. Is there a history of substance/ alcohol misuse? YES NO

If yes, please give relevant details (inc dates) _____

2. Is there a history of suicide attempts? YES NO

If yes, please give relevant details (inc dates) _____

3. Is there a history of violence to others? YES NO

If yes, please give relevant details (inc dates) _____

7. Is there a history of the client being seriously exploited? YES NO

If yes, please give relevant details (inc dates) _____

8. Do you know of any threatening behaviour which may indicate a serious risk? YES NO

If yes, please give relevant details (inc dates) _____

4. Is there a history of severe self neglect? YES NO

If yes, please give relevant details (inc dates) _____

5. Is there a history of self harm? YES NO

If yes, please give relevant details (inc dates) _____

6. Is there a history of inappropriate sexual behaviour? YES NO

If yes, please give relevant details (inc dates) _____
