**Mental Health Wellbeing and Recovery Services**

# Referral Form

**Provider Details for Referral Forms:-**

**Leicester City:** [LeicesterMHWRSS@p3charity.org](mailto:LeicesterMHWRSS@p3charity.org). Free phone: 0808 178 0960. 21B St. Martins, Leicester, LE1 5DE.

**Oadby & Wigston, Blaby and Harborough:** Richmond.fellowshiplifelinks@nhs.net. Free Phone 0800 0234575 (SPOA) 1st Floor 60 Charles Street, Leicester. LF1 1FB

**North West Leicestershire and Hinckley & Bosworth:** [nwleicshbos.mhm@nhs.net](mailto:nwleicshbos.mhm@nhs.net) Phone: 0300 323 0189 Single Point of Access, Swithland Suite, The Crescent, 27 King Street, Leicester LE1 6RX

**Melton and Charnwood:** [referralsCMMH@ncha.org.uk](mailto:referralsCMMH@ncha.org.uk). Tel: 0800 434 6126. Unit B The Point, Granite Way, Mountsorrel, Leicestershire, LE12 7TZ

**Rutland:** [RutlandMHWRSS@p3charity.org](mailto:RutlandMHWRSS@p3charity.org). Phone: 07923169469. Rutland County Council, Catmose House, Catmose Street, Oakham, LE15 6HP.

|  |  |
| --- | --- |
| **Full Name** |  |
| **Date of Birth** |  |
| **Current Address** |  |
| **Contact Number** |  |
| **Email Address** |  |
| **NHS Number**  **(if known)** |  |
| **GP Surgery** |  |
| **GP Name, Address & Contact Number**  **(If known)** |  |

**If you are referring someone into the service, please print your details and confirm that you have gained consent from the individual being referred.**

**Name …........................................... Email…………………….**

**Job Title…................................ Telephone number…………………..**

**Consent Gained - Yes/No**

|  |
| --- |
| **Reason(s) for referral** |
|  |
| **Are there any risks / urgent issues that you think we should be made aware of?** |
|  |

|  |
| --- |
| **Do you need any support to access this service?**  For example: an interpreter, accessible venue, equipment… |
|  |

**By signing this form, I give consent to the organisation receiving personal information from my referral agent and or any other agencies involved in my current or previous care/support. I understand that they will handle all information in line with Data Protection Legislation and their own Confidentiality and Information Governance Protocols.**

**Signature …................................ Date ……………………………**

**Internal Use only:**

|  |  |
| --- | --- |
| **Date received** |  |
| **Date Actioned** |  |
| **Outcome** |  |
| **Assigned to** |  |
| **Signed** |  |
| **Date** |  |

|  |  |
| --- | --- |
| NCHA Care and Support Logo | Leicestershire Life Links logo |
| Mental Health Matters Logo | People Potential Possibilities (P3) Logo |

**Mental Health Wellbeing and Recovery Services Funded by:**

