**the arts for mental health**

***peer support delivered creatively***

Charity Reg. 1079521 Company No. 3751889

**Sound Minds Referral Form**

As the referrer, please complete all sections of this form. Please note, you will also need to send a risk assessment for your client. If you are self-referring, you can leave the ‘Referrer’s Details’ section blank.

**Part 1 – Client’s Details**

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| **Client’s Full Name:** Click or tap here to enter text. |
| **Date of Birth:** Click or tap here to enter text. |
| **Ethnicity:** Click or tap here to enter text. |
| **Address:** Click or tap here to enter text. | **Postcode:**Click or tap here to enter text. |
| **Phone Number:** Click or tap here to enter text. |
| **Email Address:** Click or tap here to enter text. |

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| **Consultant/CMHT:** Click or tap here to enter text. |
| **GP:** Click or tap here to enter text. |
| **NHS No.:** Click or tap here to enter text. |

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| **Is your client currently an inpatient?**  | **Yes**[ ]  | **No**[ ]  |
| **If Yes:** | **Hospital and Ward:** Click or tap here to enter text.**Phone No.:** Click or tap here to enter text. |
| **If No:** | **Please give details, if any, of the most recent inpatient admission:**Click or tap here to enter text. |

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| **Please give details of your client’s mental health diagnosis:**Click or tap here to enter text. |
| **Is your client currently on medication?**  | **Yes**[ ]  | **No**[ ]  |
| **If Yes:** | **Please give details:** Click or tap here to enter text. |
| **Please give a brief psychiatric, personal and social history of your client:**Click or tap here to enter text. |
| **Please detail any relevant medical history:**Click or tap here to enter text. |

**Please tick all that apply to your client**

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| **Employed (full or part time)**  |[ ]
| **In mainstream education** |[ ]
| **Has peer/family support** |[ ]
| **On appropriate benefits** |[ ]
| **Manages own finances effectively** |[ ]
| **Permanently housed** |[ ]

**What is your client’s living situation?**

|  |  |
| --- | --- |
| **Temporary**  |[ ]  **Lives alone** |[ ]
| **Hostel** |[ ]  **With family** |[ ]
| **Own their own home** |[ ]  **With partner** |[ ]
| **Renting** |[ ]  **Shared accommodation** |[ ]

**If your client has chosen a costed activity, how will they be paying?**

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| --- |
| **Self Funding** |[ ]
| **Personal Budget** |[ ]
| **Other (please give details):**Click or tap here to enter text. |

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| **Is your client able to make their own way to Sound Minds unsupported?** | Yes[ ]  | No[ ]  |
| **Does your client attend other organisations for mental health support?** | Yes[ ]  | No[ ]  |
| **If yes, please give details:**Click or tap here to enter text. |

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| **Anything else you’d like us to know about your client?** |
| Click or tap here to enter text. |

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| **Please tick to confirm that your client has consented to you sharing this information** |[ ]

**Referrer’s Details**

*If self-referring, leave blank and continue to ‘Care Coordinator Details’*

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| **Referrer’s Name:** Click or tap here to enter text. |
| **Organisation:** Click or tap here to enter text. |
| **Role:** Click or tap here to enter text. |
| **Address & Postcode:** Click or tap here to enter text. |

**Care Coordinator Details**

*If different from referrer*

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| **Care Coordinator:** Click or tap here to enter text. |
| **Team & Address:** Click or tap here to enter text. |
| **Phone No.:** Click or tap here to enter text. |
| **Email Address:** Click or tap here to enter text. |

**Part 2: Sound Minds Interests**

*Use this section to tell us what you would like to do at Sound Minds*

**Music**

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| **Community Choir** (free for all) |[ ]
| **Music Jam** (free for Wandsworth residents, others pay £8) |[ ]
| **Breathe** (18-25 year olds) |[ ]
| **1:1 Tuition in Guitar** (from £12 per 30 minutes) |[ ]
| **1:1 Tuition in Bass** (from £12 per 30 minutes) |[ ]
| **1:1 Tuition in Drums** (from £12 per 30 minutes) |[ ]
| **1:1 Tuition in Keyboard** (from £12 per 30 minutes) |[ ]
| **1:1 Tuition in Singing** (from £12 per 30 minutes) |[ ]
| **1:1 Music Production** (from £12 per 30 minutes) |[ ]
| **Use the DJ decks** (£8 per session) |[ ]

**Art**

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| **Art Group** (free to Wandsworth residents, other pay £8) |[ ]

**Drama**

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| **Drama Group** (free for all) |[ ]

**Peer Support**

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| **Mama Low’s Kitchen** (for Wandsworth residents only) |[ ]
| **Post Discharge Peer Support** (for Wandsworth residents only) |[ ]

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| **Have you ever attended a course in art, music, or drama anywhere before?** | Yes[ ]  | No[ ]  |
| **If yes, please give details:**Click or tap here to enter text. |

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| --- | --- | --- |
| **Do you sing or play an instrument?**  | Yes [ ]  | No [ ]  |
| **If yes, please give details:**Click or tap here to enter text. |

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| **Anything else you’d like us to know?:**Click or tap here to enter text. |

Thank you for completing the referral form.

Please email the form and risk assessment to referrals@soundminds.co.uk or post to: 20-22 York Road, London, SW11 3QA

It may be a while until the right opportunity for you comes up. We will be in touch as soon as we can offer you a place.