Referral Form

1. About the Client		
Title:	Name:	Date of Birth:
Current Employment Status:	Emergency Contact Person:	
Permanent Address: Postcode:	Emergency Contact Address: Postcode:	
Telephone No:	Emergency Contact No:	
Mobile No:		
E-mail:		
Sexuality: Bisexual ☐ Gay ☐ Lesbian ☐ Heterosexual ☐ Not Stated ☐	Gender:	

Ethnic Origin:			
White British ☐	White Irish ☐	Other White ☐	
Mixed White & Black African ☐	Mixed White & Asian ☐	Mixed White & Black Caribbean ☐	Other mixed ☐
Asian / Asian British Indian ☐	Asian / Asian British Pakistani ☐	Asian / Asian British Bangladeshi ☐	Other Asian ☐
Black / Black British Caribbean ☐	Black / Black British African ☐	Any other Black background ☐	
Chinese ☐	Any other ethnic background ☐	Not stated ☐	

Does this client wish to be seen at:
City ☐ Shipley ☐ Skipton ☐

2. About the Referrer	
Referrers Name:	Role:
Address: Postcode:	Organisation: Telephone No: Date of Referral:
E-mail:	

3. Relevant Background & Information	
GP Name:	Psychiatrist / Care Coordinator Name:
Address: Postcode:	Address: Postcode:
Telephone:	Telephone:

Summary of mental health problems & diagnosis:

Current medication (include details of allergies, side effects, etc)

GP referrals please complete the following:

Any Initial Alert or Risk Issues? No ☐ Yes ☐ (If yes, please give us some more information below)

Harm to Self ☐ Harm to others ☐ Harm from others ☐ Accidents ☐

Drug/alcohol misuse ☐ Other risk Behaviours ☐

Please give details:

ALL secondary mental health referrals must send full CPA and full RIO Risk Assessment

Please state any other health problems/disabilities:

Are these secondary to their mental health problem? No ☐ Yes ☐

If No, please give details:

Has your client attended The Cellar Trust before? No ☐ Yes ☐

If 'yes', When was this and what has changed since the client last attended? (please specify)

Why are you referring this person to The Cellar Trust?

Which of the following benefits does the client receive? JSA ☐ ESA (wrag) ☐ ESA (support) ☐

IB ☐ IS ☐ DLA ☐

Please return the completed form and all relevant documents (i.e. Care Plan, Risk Assessment) to:

The Cellar Trust, The Old School, Farfield Road, Shipley, BD18 4QP or Fax to 01274 532783.

Please Note: Failure to attach the relevant documents will delay processing your referral.

You may follow up this referral by e-mailing christine.casson@thecellartrust.org or by calling 01274 586474 on Fridays and asking for Christine.

Documents Attached:

Care Plan (CPA) ☐

Risk Assessment ☐