



Referral form for Carer or Family member

When you access a service from Sandwell African Caribbean Mental Health Foundation (SACMHF) we may need to refer you on to another organisation to help support your personal needs. In order to do this we may be required to pass on your personal details e.g. name and address, however we will always discuss this with you first. We will only pass on your details if necessary while being careful to respect your confidentiality and adhering to data protection. You can refuse for your information to be passed on to a third party, just let us know. It can also be useful for SACMHF to be kept informed of your progress. Please tick below.

Information Sharing: Consent	YES	NO
I consent to my information being shared, where required, to other organisations.		
I consent to SACMHF being kept informed of my progress.		

Personal Details

First Name	
Surname	
Address	
Postcode	
Telephone Number	
Name/s of your relative/s who experiences mental ill health	
Date of birth	
Gender	
National Insurance Number	
NHS Hospital Number	
Next of Kin Name	
Next of Kin's relationship to you	
Next of Kin's address	
Postcode	
Telephone number	
Email address	
Are you in receipt of benefits?	YES <input type="checkbox"/> NO <input type="checkbox"/> (please tick)

Health

Please explain any difficulties with your emotional health which you may need support with.

Please explain any physical health problems you have which you may need support with.

Are you receiving support to help with your health concerns? If yes who is supporting you?

Carer status

Are you a Carer for your relative/s?

Are you in receipt of support to carry out your role of Carer?

YES NO

If 'yes' please explain.

If 'no' would you like to be referred to Sandwell Assist for a Carers assessment?

YES NO

Ethnic Origin (please tick)

Black Caribbean	
Black African	
Any other Black background	
Mixed heritage: White & Black Caribbean	
Mixed heritage: White & Black African	
Any other mixed Black Background	
Other, please state	

Carer/Family member signature.....date.....