



Referral Form

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 you in your recovery. To do this we may have to pass on your personal details e.g. name and address, we will always discuss this with you first. We will only pass on your information if completely necessary while being careful to respect your confidentiality. You can refuse for your information to be passed on, just let us know. It can be helpful for you to allow SACMHF to stay involved with your support. Please tick below.

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	
Type of Residence	
Home Telephone Number	
Mobile Number	
Date of Birth	
Gender	
National Insurance Number	
NHS hospital Number	
Next of Kin Name	
Address	
Postcode	
Telephone Number	
E-mail Address	
Are you in receipt of benefits?	Yes <input type="checkbox"/> No <input type="checkbox"/>

General Health

Physical Health Problems	
Specific Needs/Support	

Mental Health

Name of Referrer		
Position of Referrer		
Referrer telephone number		
Name of Carer		
Carer Telephone Number		
Home Keyworker (residential only)		
Home Keyworker Telephone number		
Name of GP and M Code		
GP Telephone Number		
Name of Psychiatrist		
Psychiatrist Telephone Number		
Name of CPN		
CPN Telephone Number		
Name of Social Worker		
Social Worker Telephone Number		
Diagnosis		

Ethnic Origin (please tick)

Services required (please tick)

Black Caribbean	<input type="checkbox"/>	Ujima User-led social activities	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Outreach Client and Family Support	<input type="checkbox"/>
Any other Black Background	<input type="checkbox"/>	Peer 2 Peer Support service	<input type="checkbox"/>
Mixed: White and Black Caribbean	<input type="checkbox"/>	'Care for You' Carers support	<input type="checkbox"/>
Mixed: White and Black African	<input type="checkbox"/>	Safe Spaces Service for Victims of Domestic violence and Abuse	<input type="checkbox"/>
Any other Mixed Black Background	<input type="checkbox"/>		<input type="checkbox"/>
Other	<input type="checkbox"/>		<input type="checkbox"/>

I have been advised by the staff at Sandwell African Caribbean Foundation that my name and contact details will be shared with the specific members of the user led forum Ujima. I understand this is for the purpose of sending out information about the user forum activities.

New Client Sign.....Date.....