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.

	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 ☐ No ☐ (please tick box)

General Health

Physical Health Problems	
Specific Needs/Support	

Mental Health

Name of Referrer	
Position of Referrer	
Name of Carer	
Carer Telephone Number	
Home Keyworker (residential only)	
Home Keyworker Telephone number	
Name of GP	
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		Ujima User-led Activities (replaced the Drop-in)	
Black African		Outreach Client and Family Support	
Any other Black Background		Counselling Service	
Mixed: White and Black Caribbean		Healthy Lifestyle Service	
Mixed: White and Black African			
Any other Mixed Black Background			
Other			

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……