**Ealing Pathways (Out of Hospital) Referral Form (to be completed by referrer)**

**Please note:** patients must be referred into the Ealing Pathways service using this template. **Please do not signpost patients to our service.**

The completed template should be emailed to:**ealingpathways@hfehmind.org.uk**

|  |
| --- |
| **Referring professional details** |
| Role:  | Team:  |
| Location where you support client:  | Contact number:  |
| **Eligibility criteria – *Part 1*** **(please tick – patient must meet criteria A and at least one of B & C)**  |
| A: Patient is eligible to receive free NHS care [ ]  |
| B: Patient resides in Ealing (temporarily or permanently), or within 1 mile of Ealing boundary [ ]  |
| C: Patient lives outside of Ealing but within 1-mile boundary & is registered with an Ealing GP [ ]  |
| **Eligibility criteria – *Part 2* (please tick - patient must meet one of these criteria)** |
| Care is moving from Secondary Care to Primary Care, and patient is being supported by the Primary Care Mental Health Team [ ]  |
| Patient has serious and long-term mental health needs, and their care remains in Primary Care [ ]  |
| Patient has serious mental health needs and can be prevented from moving into crisis by support with practical issues [ ]  |
| **Patient details** |
| Title:  | Full name:  |
| Date of birth:  | Mobile no:  |
| Address:  | Landline no:  |
| Postcode: | Email:  |
| Mental health conditions:  | Physical health conditions:  |
| Can client be seen alone? Yes [ ] No [ ]  | Urgency of Case:Critical (tick if there is a high risk or immediate deadline) [ ] High [ ] Medium [ ] Low [ ]  |
| In the space below, please briefly summarise the state of the patient’s mental health at the time of referral and any risk factor that the Pathways team should be aware of: |
|  |
| **Issues client requires support with** |
| Welfare Benefits [ ]  | Housing [ ]  | Finance/debt [ ]  |

**Equal Opportunities (can be completed by referrer or Mind staff)**

**If you have completed this referral on behalf of someone else due limited communication or lacking capacity around these questions, please indicate:**

Yes [ ]  No [ ]

 **I define myself as:**

Female [ ]

Male [ ]

Gender Binary [ ]

Transgender [ ]

Prefer not to say [ ]

 **Please describe your sexuality:**

Lesbian [ ]

Gay [ ]

Heterosexual [ ]

Bisexual [ ]

Questioning [ ]

Not known [ ]

Other [ ]

Prefer not to say [ ]

**Please describe your religious beliefs:**

Buddhist [ ]

Christian [ ]

Sikh [ ]

Hindu [ ]

Muslim [ ]

Jewish [ ]

Any other religion [ ]

No religion [ ]

Not known [ ]

Prefer not to say [ ]

**Please describe your ethnic origin/background:**

|  |  |
| --- | --- |
| **White** | English/Welsh/Scottish/Northern Irish [ ]  |
| Irish [ ]  |
| Irish Traveller or Gypsy [ ]  |
| Any other white background (please specify) [ ]   |
| **Mixed Ethnic Groups** | White and Black Caribbean [ ]  |
| White and Black African [ ]  |
| White and Asian [ ]  |
| Any other mixed background (please specify) [ ]   |
| **Asian/Asian British** | Indian [ ]  |
| Pakistani [ ]   |
| Bangladeshi [ ]   |
| Chinese [ ]  |
| Any other Asian background (please specify) [ ]   |
| **Black/Black British** | African [ ]  |
| Caribbean [ ]   |
| Any other Black/African/Caribbean background (specify) [ ]  |
| **Other Ethnic Group** | Arab [ ]  |
| Any other ethnic group (specify) [ ]  |
| **Ethnicity Not Known** | Ethnicity not known [ ]  |
| **Prefer Not to Say** | Prefers not to say [ ]  |

**Do you consider yourself to have any of the follow:**

Mental ill health [ ]

Physical disability [ ]

Cognitive impairment [ ]

An acquired brain injury [ ]

An acquired brain injury [ ]

A learning disability [ ]

Asperger’s/Autistic Spectrum [ ]

Dementia/Alzheimer’s [ ]

Sensory impairment [ ]

Not known [ ]

Prefer not to say [ ]