**Fulham Information and Advice Referral Form**The completed template should be emailed to:[fia@hfmind.org.uk](mailto:fia@hfmind.org.uk)

|  |  |  |  |
| --- | --- | --- | --- |
| **Referring professional details** | | | |
| Name: | | Team: | |
| Location where you support the client: | | Contact number: | |
| Role: | | Email address: | |
| **Eligibility criteria** | | | |
| Client resides in either: SW6, W14 or SW10 | | | |
| **GP Details** | | | |
| Name of Surgery:  Name of GP:  Address:  Phone Number:  Email Address: | | | |
| **Consent** | | | |
| Are there any issues with the client’s capacity to instruct an advisor?  Yes  No  If yes, is a capacity assessment attached on the form?  Yes  No  If not, why not ………………………………………………………………………………………………  If no, has the client consented to the referral?  Yes  No | | | |
| **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 client’s mental health at the time of referral and any risk factor that the team should be aware of: | | | |
|  | | | |
| **Issues client requires support with** | | | |
| Welfare Benefits | Housing | | Finance/debt |
| **Please summarise what the issue is and specify any deadlines:** | | | |
|  | | | |

**Equal Opportunities**

**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