**Fulham Information and Advice Referral Form**The completed template should be emailed to: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 [ ]