**Limit Loneliness Referral Form (to be completed by referrer)**

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

The completed template should be emailed to:[**limitloneliness@hfmind.org.uk**](mailto:limitloneliness@hfmind.org.uk)

|  |  |  |  |
| --- | --- | --- | --- |
| **Referring professional details** | | | |
| Role: | | Team: | |
| Location where you support client: | | Contact number: | |
| **Eligibility criteria** | | | |
| A: Postcode must start with TW8 | | | |
| B: Client must be over 18 | | | |
| **Does the client fit into any of the below categories?** | | | |
| Aged 18-24 | | | |
| BAME (Black, Asian or Minority Ethnic) | | | |
| Aged 55+ | | | |
| Woman | | | |
| **Patient details** | | | |
| Title: | | Full name: | |
| Date of birth: | | Mobile no: | |
| Address: | | Landline no: | |
| Postcode: | | Email: | |
| Mental health conditions: | | Physical health conditions: | |
| Dependents: | | Urgency of Case:  Critical (at high risk or must seek immediate support)  High  Medium  Low | |
| Can client be seen alone?  Yes  No | |
| Is the client aware of this referral?  Yes  No | | | |
| **GP Details** | | | |
| GP Name:  Address:  Email Address:  Telephone Number: | | | |
| 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 Limit Loneliness team should be aware of: | | | |
| **What type of support would the client benefit from?** | | | |
| 1:1 Support (weekly check-ins) | Group Peer Support | | Workshops\* |

\*crafternoons, bake offs, guest speakers, art etc

**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

Asexual

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 following:**

Mental ill health

Physical disability

Cognitive impairment

An acquired brain injury

A learning disability

Asperger’s/Autistic Spectrum

Dementia/Alzheimer’s

Sensory impairment

Not known

Prefer not to say