**Safe Space Referral Form**  
The completed template should be emailed to:[safespacehf@hfehmind.org.uk](mailto:dutyadultservices@hfmind.org.uk) (Hammersmith and Fulham, [safespacehounslow@hfehmind.org.uk (Hounslow) or safespaceealing@hfehmind.org.uk (Ealing)](mailto:safespacehounslow@hfehmind.org.uk)

|  |  |
| --- | --- |
| **Referring professional details** | |
| Name: | Team: |
| Location where you support the client: | Contact Number: |
| Role: | Email address: |
| **Consent and Communication Preferences** | |
| Does the client have the capacity to consent to the referral?  Yes  No  If yes, has the client consented to the referral form?  Yes  No  How would the client like to be communicated with?  Email  Telephone  Text  Post  We may make clients aware of other services and ask them to get involved in some service user led activities. Does the client want to be contacted in relation to the above?  Yes  No | |
| **GP Details**  Name:  Address:  Telephone Number:  **Mental Health Team Details**  Name:  Address:  Telephone Number: | |
| **Visitor details** | |
| Title: Miss | 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  Does the client have any dependents?  Yes ☐ No ☐  If yes, how many dependents does the client have?  How old is each dependent? | Urgency of Case:  Critical (tick if there is a high risk or immediate deadline)  High  Medium  Low |
| In the space below, please detail any risk factors that the team should be aware of and any mitigation or safety plans around those risks. Please also state if there are dependents or children within the household. | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Risk to others** | | | | | | **Type of risk** | **Current** | **Past** | **None** | **Brief details and mitigation/safety planning already taking place** | | Domestic Violence (either perpetrator or survivor) |  |  |  |  | | Violence/Aggression/Inappropriate behaviour |  |  |  |  | | Arson/Theft/Criminal Damage |  |  |  |  | | **Self Harm or Suicidal Ideations** | | | | | | **Type of risk** | **Current** | **Past** | **None** | **Brief details and mitigation/safety planning already taking place** | | Actual self harm |  |  |  |  | | Suicidal ideation |  |  |  |  | | Suicidal plans |  |  |  |  | | Substance misuse |  |  |  |  |   **Other, please detail:** | |
| **Please summarise what support the visitor is looking for from the service** | |
|  | |
| **Support Needs** | |
| Please detail any support or communication needs staff will need to provide a service e.g. spoken language, British Sign Language, Makaton, Pictures, Gestures / Facial Expressions /Vocalisations: | |

**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:**

Prefer not to say

Female

Male

Gender Binary

Transgender

**Please describe your sexuality:**

Prefer not to say

Lesbian

Gay

Heterosexual

Bisexual

Questioning

Not known

Other

**Please describe your religious beliefs:**

Prefer not to say

Buddhist

Christian

Sikh

Hindu

Muslim

Jewish

Any other religion

No religion

Not known

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

|  |  |
| --- | --- |
| **Prefer Not to Say** | Prefers not to say |
| **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 |

**Disability:**

vision Impairment.

deaf or hard of hearing.

mental health conditions.

intellectual disability.

acquired brain injury.

autism spectrum disorder

physical disability