|  |  |  |  |
| --- | --- | --- | --- |
| Access Community Mental Health Referral Form | | | |
| ***Practice information*** | | | |
| Date of Referral |  | Practice: |  |
| Name of referrer (and GP if different) : |  | Address: |  |
| ***Patient information*** | | | |
| Consent to text messages | Yes  No | Consent to phone messages | Yes  No |
| First Name |  | Surname |  |
| Address |  | DOB |  |
| Gender |  |
| Pronouns |  |
| Home Tel Number |  |
| Postcode |  | Mobile Number |  |
| What would individual like support with? *Please include if they have been given a mental health diagnosis, and whether they agree with this diagnosis* | | | |
|  | | | |
| Any other agencies involved in the individual’s care? *Please provide names of agencies and workers* | | | |
|  | | | |
| Risk information (to self or others) *Please provide details* | | | |
|  | | | |
| ***Confidentiality and data protection*** | | | |
| If you are in Swindon or BANES, your information will be stored by [Second Step](https://www.second-step.co.uk/wp-content/uploads/2024/05/SS_A5_PROTECTINGINFO_LEAFLET_ELEC_MAY2024.pdf). If you are in Wiltshire your information will be stored by [Alabaré.](https://alabare.co.uk/privacy-notice-servuce-users-and-clients/) Please see respective privacy policies. Questions can be sent to [DPO@second-step.co.uk](mailto:DPO@second-step.co.uk) or [enquiries@alabare.co.uk](mailto:enquiries@alabare.co.uk).  Please confirm this referral has been discussed with the client and they have given  consent for information to be shared:  Yes  No | | | |