**Blackburn With Darwen Flourishing Minds**

**Assessment for Support**

**Referral Form**

**PLEASE NOTE ALL OF THIS FORM MUST BE COMPLETE TO BE ACCEPTED**

**Always send referrals securely and with password protection on the document**

Please return securely to: [flourishingminds@lancashiremind.org.uk](mailto:flourishingminds@lancashiremind.org.uk)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  | | | Age: |  |
| Address: | Postcode: | | | | |
| D.O.B: |  | | | | |
| Email: |  | | | | |
| Telephone: | Home: |  | Mobile: | |  |
| Next of Kin: | Name: |  | Number: | |  |

Is it okay for us to email you at the above address?  Yes  No

Is it okay for us to phone you on the above numbers? Yes  No

Is it okay for us to leave a message (voice or text) at the above numbers? Yes  No

## Contact with your GP

Please note that as part of our confidentiality policy, if there is reason to be seriously concerned about your welfare, we may need to break confidentiality without your consent to help you stay safe.

We will try to get your consent first, but this may not always be possible.

|  |  |
| --- | --- |
| **GP’s Name:** |  |
| **Surgery Name:** |  |
| **Surgery Number:** |  |

**Demographic Information**

At Lancashire Mind our vision is **Mental Wellbeing for All**. We are committed to removing barriers to mental health services and reaching everyone who needs our support. The following questions help us assess how we can improve our service, they are however **optional**.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Age:** |  | **Gender:** |  | | **First part of postcode (e.g. PR7):** |  |
| **Is your gender identity the same as the gender you were assigned at birth?** | | | | Yes  No  Prefer not to say | | |

**Sexual Orientation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Straight/heterosexual: |  | Gay woman/lesbian: |  | Prefer not to say: |  |
| Gay man: |  | Bisexual: |  | Other: |  |

**Ethnic Origin**

These categories reflect the guidelines provided by the Commission for Racial Equality. It is about the group to which you perceive you belong.

|  |  |  |  |
| --- | --- | --- | --- |
| White | | Black | |
|  | British |  | Caribbean |
|  | English |  | African |
|  | Irish |  | Any other Black Background |
|  | Any other White background |  |  |
| Asian or British Asian | | Mixed | |
|  | Indian |  | White & Black Caribbean |
|  | Pakistani |  | White & Black African |
|  | Bangladeshi |  | White & Asian |
|  | Any other Asian background |  | Any other mixed background |
| Chinese or Other Chinese | |  | |
|  | Chinese |  | Prefer not to say |
|  | Any other Chinese Background |  | Other |

**Disability:** do you consider yourself to be a person with a disability including long-term health conditions?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes: |  | No: |  | Prefer not to say: |  |

**Dependants:** do you have children under 18 or act as the main carer for a friend or family member?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes: |  | No: |  | Prefer not to say: |  |

**Have you ever served in the armed forces?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes: |  | No: |  | Prefer not to say: |  |

## **Consent to Share Information**

When necessary, we might need to share some or all the information you give us with other organisations or service providers to ensure you get the right service. Your data is your property, so we need your permission to share it. This is your choice and you are free to refuse.

We will only share information with external agencies when it is necessary to continue or improve the services, we are offering you, or when it is necessary to protect the safety of you or another. Your personal information is never used for marketing purposes.

Please tick the box below to indicate your consent to share information:

**Yes,** I hereby authorise **this referral** and the **BwD Flourishing Minds Service to disclose to other agencies, both statutory and voluntary, any information considered necessary to assist those agencies to support me** in relation to all aspects of my health and wellbeing.

**The implications of the above have been explained to me** and I give my consent on the understanding that all disclosures of my information will be governed by the principles and provisions of the Data Protection Act 2018 and in accordance with Data Sharing Protocols and Agreements negotiated under that, and other, legislation. I understand that there may be circumstances in which other agencies will be authorised in law to have access to my records and that the agencies will comply with legal requests accordingly.

**Additional Details**

Please provide some more detail about mental wellbeing currently, any specific issues that are challenging at the moment, or anything else that will help us to support:

....................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

**The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)**

Below are some statements about feelings and thoughts.

Please circle the box that best describes your experience of each over **the last 2 weeks**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Statement** | **None of the Time** | **Rarely** | **Sometimes** | **Often** | **All of the Time** |
| I’ve been feeling optimistic about the future | 1 | 2 | 3 | 4 | 5 |
| I’ve been feeling useful | 1 | 2 | 3 | 4 | 5 |
| I’ve been feeling relaxed | 1 | 2 | 3 | 4 | 5 |
| I’ve been dealing with problems well | 1 | 2 | 3 | 4 | 5 |
| I’ve been thinking clearly | 1 | 2 | 3 | 4 | 5 |
| I’ve been feeling close to other people | 1 | 2 | 3 | 4 | 5 |
| I’ve been able to make up my own mind about things | 1 | 2 | 3 | 4 | 5 |

**Overall Score: ……………**

**Date:………………..**

**Loneliness Perception Scale**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Question** | **Almost Always** | **Often** | **Occasionally** | **Rarely** | **Almost Never** |
| How often do you feel lonely, isolated, or left-out? | 0 | 1 | 2 | 3 | 4 |

**Overall Score: ……………**

**Date:………………..**

**The Work and Social Adjustment Scale (WSAS)**

Sometimes people struggle to go about their day-to-day life depending on their current situation and how they are thinking or feeling. Please see the scale below and determine how much the way that you feel currently is affecting your ability to complete certain tasks.

*If you are retired or do not have a job due to reasons unrelated to your problem, tick here*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Statement** | **0**  **Not at All** | **1** | **2**  **Slightly** | **3** | **4**  **Definitely** | **5** | **6**  **Markedly** | **7** | **8**  **Very Severely** |
| My **ability to work** is affected |  |  |  |  |  |  |  |  |  |
| My **home management** (shopping, tidying, chores etc) is affected |  |  |  |  |  |  |  |  |  |
| My **social leisure activities** (with other people, parties, bars, clubs, visits, dating etc) is affected |  |  |  |  |  |  |  |  |  |
| My **private leisure activities** (reading, gardening, sewing etc) is affected |  |  |  |  |  |  |  |  |  |
| My **ability to form close relationships** with others is affected |  |  |  |  |  |  |  |  |  |

**Overall Score: ……………**

**Date:………………..**

**RISK ASSESSMENT**

**To be completed for all referrals**

|  |
| --- |
| Does the client have active thoughts of suicide or self-harm? |
|  |
| Does the client have any thoughts, plans or intentions to act on their thoughts? |
|  |
| Is the client receiving support from any other service, e.g. GP, Social Services, MindsMatter |
|  |
| Can the client keep themselves safe? Are they safe at home? Have you provided Crisis numbers? |
|  |

**Referrer Details**

|  |  |
| --- | --- |
| **Name of Referrer and organisation (or self-referral):** |  |
| **Date of Referral:** |  |

|  |  |
| --- | --- |
| **File kept securely until:** |  |

***(office use only)***