



Oxfordshire Mental Health Partnership Referral Form

This form is for use throughout Oxfordshire to make referrals to existing Mental Health support services. This can be filled in by you or for someone else.

This form is for initial entry into Mental Health Services. If you are already known to anyone in the partnership you do not need to fill in this form as we will use your passport assessment.



People wishing to refer to non-Mental Health floating support services should contact Connection (01865 711267) to get a copy of their generic referral form.

Please complete this form in full. In order to ensure we are able to safely offer the correct type of support and accommodation we require full and frank disclosure of mental health history including all risk areas. Unless we are satisfied that we have sufficient information to this end we will not carry out an assessment.

Some services may require an up to date copy of your CPA and Risk assessment. Please see pages 3–4 to check what to include. **Failure to include the documents requested will delay your application.**

Supported Housing



Please tick the boxes below to show which service you wish to be considered for

Response Recovery Campus

Please indicate in which area(s) of Oxfordshire you would like to be considered for housing -

Oxfordshire Mind Transitional Housing Recovery Service

Oxford City

South Oxfordshire

West Oxfordshire

Response Area Teams

Oxford City

North Oxfordshire

Response Oxfordshire Care and Support Services

Address: Referrals Co-ordinator
Mind Response Housing Partnership
AG Palmer House
Morrell Crescent
Oxford OX4 4SU

Email: support@mindandresponse.org.uk
Telephone: 01865 397951
Fax: 01865 397941 (please call to confirm receipt)
Websites: www.response.org.uk
www.oxfordshire-mind.org.uk

Floating Support Services

Connection the Floating Support Team

Telephone: 01865 711267 **Email:** enquiries@connectionsupport.org.uk



Website: <http://www.connectionfs.org.uk>

Elmore Mental Health Floating Support Team

Complex/Multiple Needs Floating Support



Telephone: 01865 200130 **Email:** info@elmorecommunityservices.org.uk

Website: <http://www.elmorecommunityservices.org.uk>

Please send your form to and clearly state which service you are applying for on the front:

Address: 213 Barns Road (1st Floor)
Oxford
OX4 3UT

Mental Health Recovery Groups and Education

Restore Recovery Groups, Training and Employment Coaching



restore

working for mental health 21 May 2018

Telephone: 01865 455823 **Email:** referral@restore.org.uk
Website: <https://www.restore.org.uk/>

A. Details of Person Wanting Support

Is this a self referral? YES NO

Applicants Details

Name of person wanting support: (Mr, Mrs, Miss, Ms, ...) _____

Date of Birth: NHS number:

Address: Contact Address
(if different):

Telephone No: Mobile No:

E-mail address:

Which area of Oxfordshire do you have a local connection with?

Referred by:

Name:

Service:

Telephone No:

E-mail address:

Job Title:

Mobile No:

Family and Friends involved in your support:

Name:

Relation to you:

Telephone No:

Mobile No:

E-mail address:

Name:

Relation to you:

Telephone No:

Mobile No:

E-mail address:

Details of your GP (please note that it is essential that you are registered with a GP in Oxfordshire):

Name:

Address:

Telephone No:

Details of any current services/carers involved in supporting you:

Name:

Service:

Telephone No:

E-mail address:

Job Title:

Mobile No:

Name:

Service:

Telephone No:

E-mail address:

Job Title:

Mobile No:

Included with this referral—

A GP letter stating diagnosis, any medication I am taking and any further information they feel is relevant. (This is to be provided if you are not currently being supported by Mental Health services.)

OR

A copy of current CPA, stating cluster number and a copy of the applicant's most recent Risk Assessment.

If this information is not provided your application will be delayed until we receive it.

B. Reason for Referral

Please tick the appropriate box for the level of support you need

- | | | | | | |
|--------------------------|--------------------------|-------------------------------|--------------------------|---------------------|--------------------------|
| Managing mental health | <input type="checkbox"/> | Physical health and self care | <input type="checkbox"/> | Addictive Behaviour | <input type="checkbox"/> |
| Living Skills | <input type="checkbox"/> | Social Networks | <input type="checkbox"/> | Responsibilities | <input type="checkbox"/> |
| Work | <input type="checkbox"/> | Relationships | <input type="checkbox"/> | Trust and Hope | <input type="checkbox"/> |
| Identity and Self Esteem | <input type="checkbox"/> | | | | |

Please comment on the boxes you ticked

C. Wellbeing

Mental Health services have a holistic approach and aim to support people's physical health

What is the date of your last annual physical health review?

Do you drink alcohol? Yes No If so, how much?

Do you smoke? Yes No If so, how much?

Do you take non-prescription drugs? Yes No

If yes, please provide details:

Please give details of any physical health needs you have which we need to consider?

Height:

Weight:

BMI:

Are you on the SMI Chronic Disease Register at your local GP Practice? Yes No Unsure

Were there any physical health risks identified at the last review?

Will a care package be required? Yes No If so, has one already been applied for? Yes No

Do you exercise or wish to receive support to undertake exercise?

D. Extra information on finances

Are you in receipt of benefits?

ESA PIP/DLA Universal Credit Other (please state)

Are you eligible for Housing Benefit? Yes No Unsure

You can have a benefits check by calling Benefits for Better Mental Health on 01865 247788.

Do you have outstanding debts/arrears? Please give details.

Do you have any savings or assets? What are they?

Do you have a bank account? Yes No

If so, are you willing to pay your housing service charge by standing order? Yes No

E. Is there any history of the following (tick for yes)

- | | | | | | |
|---------------------|--------------------------|-------------------------|--------------------------|----------------------|--------------------------|
| Alcohol Misuse | <input type="checkbox"/> | Drug Misuse | <input type="checkbox"/> | Sexual offences | <input type="checkbox"/> |
| Suicide attempts | <input type="checkbox"/> | Self Harm | <input type="checkbox"/> | Verbal abuse | <input type="checkbox"/> |
| Physical Violence | <input type="checkbox"/> | Destruction of property | <input type="checkbox"/> | Criminal convictions | <input type="checkbox"/> |
| Fire risk | <input type="checkbox"/> | Arson | <input type="checkbox"/> | Domestic Violence | <input type="checkbox"/> |
| Safeguarding issues | <input type="checkbox"/> | Anti-Social Behaviour | <input type="checkbox"/> | Being Exploited | <input type="checkbox"/> |
| Rent arrears | <input type="checkbox"/> | Loss of tenancy | <input type="checkbox"/> | | |

Please give details on all those ticked:

F. Medication

Please give details of any current medication that you are taking:

Do you look after your own medicine? Yes No

Do you understand what your medication is for and what possible side-effects it may have?

Have you ever had problems with taking your medication?

Are there any medications or drugs that you have a known sensitivity to?

G. Mental Health

What are your past and present mental health problems?

What care cluster have you been allocated? (Please note that to be eligible for these services you must be in care cluster 4-17).

Please tell us about all previous/current hospital admissions.

Has a Doctor told you your diagnosis? Yes No

What is this diagnosis?

Do you agree with the diagnosis?

H. Summary of Current Housing situation and reason for referral

- Home Owner Private Landlord Sofa Surfing
Homeless Living with Parents Housing Association

Are you on the council housing register?

Yes What council?

No

I. Employment

- Employed Other (In education or training) Unemployed and seeking work
Retired Homemaker Not receiving benefits
Unpaid voluntary work Long term sick or disabled receiving benefits

Weekly hours worked

1-4 hours 5-15 hours 16-29 hours 30+ hours

J. Your Marital Status

- Married Civil Partnership Single Separated Not Disclosed
Not known Divorced/Dissolved Widowed

K. Future Goals

What are your future goals? (E.G. housing, employment or personal)

Equal Opportunities Monitoring Form

We are committed to providing a service which is fair and available to everyone. To help us monitor this, please answer the following questions:

Gender Male Female Other Gender Identity

Do you consider yourself to have a disability? Yes No

Ethnicity of applicant

A. White British
 Irish
 Other

B. Mixed White & Black Caribbean
 White & Black African
 White & Asian
 Other

C. Asian Indian
 Pakistani
 Bangladeshi
 Other

D. Black Caribbean
 African
 Other

E. Chinese or other ethnic group

 Chinese
 Arab
 Gypsy/Irish Traveler
 Other

F. Refugee

Information for applicants

Once you have completed this form, you may send it or copies of it, to any of the services whose details you will find on pages 2. Where you have said that you are happy for your information to be shared with other agencies, we will do this. By doing this, we hope to save you the time and trouble of filling this and other forms out more than once.

Once the services get your form, they may ask for more information and they will be back in touch to do this. Once they have sufficient information, and are confident that you are eligible for their service, they will be in touch to arrange an interview. The interview will be your chance to ask more questions and for the service to decide whether they can offer you support.

Each of the services using this form has their own standards and complaints procedures which you can use to appeal if you think the decision they have made is wrong or unfair. Call any of the numbers on page 2 for more details of how to do this.

Not all of the services may be right for you, so please call any of the providers to check whether the support they can offer is the support that you need. If you would like more details on what services are available you can call the Oxfordshire Mental health information line on 01865 247788 or by looking at www.omhp.org.uk.

In order to ensure we assess your needs appropriately, we reserve the right to share relevant confidential information with those involved in providing social and health services as would be expected as part of normal professional, confidential working practice. We may also share such information with other agencies when accepting or making a referral and/or where there is a risk to you or to others. By signing this form you are agreeing to the above and all personal information will be treated as confidential and subject to the Data Protection Act 1998, by all services. You may, at any time, request access to the personal information held about you.

We may also need to obtain relevant reports or information from sources other than the referees you have provided and by signing this form you give us permission to do so.

If you do not wish to share the information on this form, or to provide details which will support your application, we may not be able to accept your application.

Please take note, we cannot process the referral without the applicant's signature.

Your name:

Your supporter/referrer's name:

Signature of applicant

Signature of supporter

Date _____

Date _____

I have supported the applicant to complete this form.