**Safe Haven Helpline Referral Form**

**Contact No: 0800 953 0223**

**Email:** **safehaven@mih.org.uk**

. All information given will be kept confidentially and anonymously and will only be used to produce statistics about our services.

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| **About you** |
| **Date today:** | Office use:**Date received:** | Office: |
| **\*NHS Number:** |  |  |  |
| **\*Name & Surname:** |  |
| **\*Age & Date of Birth:** | Age:  | DOB:  | [ ]  Prefer not to say  |
| **Gender** | [ ]  Male [ ]  Other  | [ ]  Female[ ]  Prefer not to say | [ ]  Intersex  | [ ]  Non-binary  | [ ]  Transgender  |
| **Do you live in Haringey?** | [ ] Yes  | [ ]  No  |
| **\*Mobile:**  | **Tel:** | **Email:** |
| **\*Address:****Postcode:** |  |
| **Details of significant other** |  |  |  |
| **How did you find out about Safe Haven Helpline?** | [ ]  Word of mouth (friends, family)[ ]  Social Media[ ]  I was referred here[ ]  Haringey website[ ]  Other (please detail): |
| **Have you ever been diagnosed with or sought treatment for any of the following mental health conditions?**Tick all that apply. | [ ]  Anxiety[ ]  Bipolar disorder[ ]  Depression[ ]  Obsessive compulsive disorder[ ]  Post-traumatic stress  | [ ]  Psychosis[ ]  Schizophrenia[ ]  Prefer not to say [ ]  Other (please detail): |
| **Clients current presenting issues** |  |
| **Intervention offered****Please state action from caller:** |  |
| **Length of interventions****How many sessions agreed****(Maximum of 4 sessions)** |  |
| **Referred to:** | [ ]  Crisis Hub[ ]  Haringey Well-being network [ ]  Other (please detail): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  sign post – please state\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Do you have any access needs that we should know about?** | [ ]  Interpreter required[ ]  Mobility restricted (ground floor appointments only)[ ]  Reading/writing asssistance required[ ]  Other (please detail): |
| **Do you consider yourself to have a disability?**Tick all that apply. | [ ]  A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D [ ]  General learning disability (such as Down’s syndrome)[ ]  A social/communication impairment such as Asperger’s syndrome/other autistic spectrum disorder [ ]  A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy [ ]  A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches | [ ]  Deaf or serious hearing impairment[ ]  Blind or a serious visual impairment uncorrected by glasses[ ]  A disability, impairment or medical condition that is not listed above[ ]  Other (please detail):[ ]  No known disability [ ]  Prefer not to say |
| **Employment status:** | [ ]  Employed  | [ ]  Unemployed  |
| **Are you a carer?** | [ ]  Yes  | [ ]  No  | [ ]  Prefer not to say |
| **Are you a refugee or asylum seeker?** | [ ]  Yes  | [ ]  No  | [ ]  Prefer not to say |
| **Ethnic origin:** | **Asian** [ ]  Indian[ ]  Pakistani[ ]  Bangladeshi[ ]  Chinese[ ]  Any other Asian background (please detail)**Black** [ ]  African [ ]  Caribbean[ ]  Any other black background (please detail)**Mixed / multiple ethnic groups**[ ]  White & Black Caribbean[ ]  White & Black African[ ]  White & Asian[ ]  Any other (please detail) | **White** [ ]  English / Welsh / Scottish / Northern Irish[ ]  Irish[ ]  Gypsy or Irish Traveller[ ]  Any other white background (please detail)**Other Ethnic Group**[ ]  Arab[ ]  Any other ethnic group (please detail) |
| **Religion or belief:** | [ ]  Buddhist[ ]  Christian[ ]  Hindu[ ]  Jewish[ ]  Muslim | [ ]  Sikh[ ]  Other (please detail):[ ]  No religion[ ]  Prefer not to say |
| **Sexual orientation** | [ ]  Asexual[ ]  Bisexual[ ]  Gay man [ ]  Gay woman / lesbian | [ ]  Heterosexual [ ]  Other (please detail): [ ]  Prefer not to say |
| **What is your marital status?** | [ ]  Civil partnership[ ]  Cohabiting[ ]  Divorced[ ]  Married | [ ]  Separated[ ]  Single[ ]  Prefer not to say |
| **GP contact details:** | Name:Address: | Contact number:Email: |
| **Referral completed by:** |  |
| **Do you give us permission to share your information with other professionals?****i.e. to find NHS number.** | [ ]  Yes  | [ ]  No  |

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| **Privacy / Confidentiality and Data Protection:**We only pass on these numbers to our funders and not names or personal data. These forms will be collected and stored in our offices in Haringey. Information will only be shared within the guidelines of Mind in Haringey Privacy, Confidentiality policy, in line with our funders’ requirements and as stated in the 1998 Data Protection Act. Our filing cabinets are kept locked and our computers are password protected. Haringey Council holds and processes personal information about residents and service users so that we can deliver and manage the services we provide to you. We hold any personal information you give us – whether online via e-forms or through other means - securely and will only use it for council purposes. We will only share your information where that is necessary to deliver the services, we provide to you; |
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