**Consent/referral form for the Telephone Support Line**

|  |  |
| --- | --- |
| Client details |  |
|  |  |  |  |  |
| Name and surname |  | Ethnicity |  |
| Preferred pronouns/name |  | Address |  |
| DOB |  | Post code |  |
| Phone Number |  | Email |  |
| **Details of person making referral if not self-referral and contact email/telephone number:** |  |
|  |
| Support network and personal info |
| GP surgery name and contact address**Consent to contact GP** | YES/NO |
| Reason for referral (please include your mental health history and how you feel the Telephone Support Line can support you) |  |

X local Mind
Address line 1

Address line 2

Town, POSTCODE

|  |
| --- |
| How can we contact you? |
| [ ]  Telephone |  |
| [ ]  Virtual (for example, Zoom) | [ ]  Email  |

|  |
| --- |
| Administrative information: |
| Do you have any additional mental health and/or physical health conditions that you would like to share with us? |  |
|  |  |
| Consent: |  |
| Is it ok for us to share information regarding yourself with other professionals/agencies? | **YES/NO** |
| If we believe that you may be at risk of immediate and serious harm to yourself or others we may have to involve emergency services to carry out a welfare check to ensure your safety.  |

I consent to Norfolk and Waveney Mind holding my contact details as pertaining to the Telephone Support Line only: **Yes/No**

Would you like to be kept up to date with events that Norfolk and Waveney Mind may be hosting? **Yes/No**

 **Print name:**

 **Signed:**

**Date:**