**Consent Form/Referral Form for Suicide Bereavement Service**

|  |  |
| --- | --- |
| Client Details |  |
| Service (please tick) |  | 1:1 [ ]  |   | Group [ ]  |  |
| Name and surname |  | Ethnicity |  |
| Preferred Pronoun/Name |  | Address |  |
| DOB |  | Post code |  |
| Phone Number |  | Email |  |
| **Details of person making referral if not self-referral & contact email/telephone number:** |  |
|  |
| Support network and personal info of bereaved |
| Details of family/person to contact in case of emergency including contact numbers |  |
| GP surgery name & contact address |  |
| Relationship to deceased |  |
| Name, age & DOB of deceased |  |
| Date of bereavement |  |
| Brief circumstances around death/other relevant information |  |

X local Mind
Address line 1

Address line 2

Town, POSTCODE

|  |
| --- |
| Preferred method of contact if having one to one support: |
| [ ]  Telephone | [ ]  Face to face |
| [ ]  Virtual (for example, Zoom) | [ ]  Other. Specify:  |

|  |
| --- |
| 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? (if yes, please sign) |  |
| 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 Suicide Bereavement Service only: **Yes/No**

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

Your information will never be shared with third parties.

**Print name:**

 **Signed:**

**Date:**