**Referral/Consent Form**

|  |  |
| --- | --- |
| Client Details |  |
| Service referring to:*Please tick.* | [ ]  [ ]  | Sail:Anchor: | [ ]  [ ]  | Cove 1:1 supportCove group |  |
| Name and surname |  | 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/next of kin/person to contact in case of emergency including contact numbers** |  |
| **GP surgery name &** **contact address** |  |
| **Relationship to deceased** |  |
| **Name & age of deceased** |  |
| **Date of bereavement** |  |
| **Brief circumstance behind death/ other relevant information**  |  |

|  |
| --- |
| 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 Complex Bereavement Service only: **Yes/No**

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

Your information will never be shared with third parties.

**Print name:**

 **Signed:**

**Date:**