**Referral Form Hillside Services **

**Referral Source**

|  |  |
| --- | --- |
| CMHT (R&R, CDAT, PD) - Camden |  |
| EIS - Camden |  |
| EIS - Islington |  |
| GP/Primary Care - Camden |  |
| GP/Primary Care - Islington |  |
| iCope - Camden |  |
| iCope - Islington |  |
| Self-referral |  |
| AOT - Camden |  |
| AOT - Islington |  |
| Other – Please specify |  |

|  |  |
| --- | --- |
| Referrer name |  |
| Referrer surname |  |
| Referrer contact details |  |
| Referral date - yyyy-mm-dd |  |

**Member information**

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| DOB  |  |

**Gender**

|  |  |
| --- | --- |
| Female |  |
| Male  |  |
| Nonbinary |  |
| Other  |  |
| Prefer not to say |  |

**Sexual Orientation**

|  |  |
| --- | --- |
| Bisexual |  |
| Heterosexual |  |
| Homosexual |  |
| Transgender |  |
| Other |  |
| Prefer not to say |  |

**Address**

|  |  |
| --- | --- |
| Postcode |  |
| Borough |  |
| National Insurance Number |  |
| NHS Number |  |
| Email Address |  |
| Telephone number |  |

**Employment Status at Referral**

|  |  |
| --- | --- |
| Unemployed |  |
| Employed/sick |  |
| Employed/at risk |  |
| Employed/working |  |
| Unknown  |  |
| Right to work YES/NO |  |

|  |  |
| --- | --- |
| Ethnicity |  |
| Disability  |  |
| Mental Health Condition |  |
| Parent/Carer |  |

**Vulnerabilities**

|  |  |
| --- | --- |
| Domestic Abuse |  |
| Substance Misuse |  |
| Caring responsibilities |  |
| Asylum Seeker |  |
| Homeless |  |
| At risk of homelessness |  |
| Others – please specify |  |

|  |  |
| --- | --- |
| Risk assessment completes YES/NO |  |
| Emergency contact name |  |
| Emergency contact Number |  |
| Emergency Contact Relationship to Client |  |

**Comments**

|  |
| --- |
|  |

**Office use only**

Accepted on to Recovery team YES / NO

Date of assessment: