



Bexley Recovery Service Referral Form

Please send complete referrals to : recovery@mindinbexley.org.uk Telephone: 020 8303 8932 Option 1
Mind in Bexley Recovery Service. Mind in Bexley, Westhill House, 2B Devonshire Road, Bexleyheath . DA6 8DS.

Referrer Agency IAPT GP Oxleas LB Bexley

Client name

DATE OF BIRTH

Address and Postcode

GENDER Male Female

Email

Has the client/patient agreed to the referral?

Yes No

Permission to leave a message

Landline Phone

Yes No

Mobile Phone

Reason for Referral: (please provide details/concerns)
Attach any relevant reports from yourself/ other services

Suggested client/patient needs:

- Advocacy Employment Money Advice
- Health/Wellbeing Lesiure/social engagement
- Training/Workshops Welfare rights/housing

Current relevant (i.e. Psychotropic) Medications:

Does the client/patient have any additional needs? Sensory Language ASD Other None

Other needs / comments

Interpreter required? (if yes please specify language) Yes No

Details

Is the client receiving support from other services? Yes No

Details

Client Patient Risk

Previous suicide attempts Yes No

Self Harming Yes No Harm to others Yes No

Drug/alcohol misuse Yes No Forensic History Yes No

If yes to any, provide details

Referred by

Date of Referral

Position

Contact number

Address

Contact email