



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

Landline Phone

Has the client/patient agreed to the referral?

Yes

No

Mobile Phone

Permission to leave a message

Yes

No

Should this referral be treated as urgent?

Yes

No

Services Required

Advocacy

Welfare rights/housing

Health/Wellbeing

Training/Workshops

Lesiure/social engagement

Money Advice

Re-instate Employment/Job Retention

Current Diagnosis:

Interpreter required? (if yes please specify language)

Yes No Details

Is the client receiving support from other services?

Yes No Details

Client Patient Risk

Self Harming

Yes

No

Previous suicide attempts * Yes

No

Harm to others * Yes

No

Drug/alcohol misuse

Yes

No

Forensic History * Yes

No

*** if 'Yes' to any of these, then please attach a risk assesment**

Detailed Client

History: (please provide details/concerns)

Attach any relevant reports from yourself/other services.

If you consider this referral as urgent, then please state the reasons why.

If yes to any, provide details

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

Other needs / comments

Referred by

Date of Referral

Position

Contact number

Address

Contact email