



# Bexley Recovery Service Referral Form

Please send complete referrals to : [recovery@mindinbexley.org.uk](mailto:recovery@mindinbexley.org.uk) Telephone: 020 8303 5816 Option 1  
Mind in Bexley Recovery Service. Mind in Bexley, MiltonHouse, 240a Broadway, Bexleyheath . DA6 8AS.

**Referrer Agency**     IAPT     GP     Oxleas     LB Bexley

What is the client's current status with the referrer?

Receiving ongoing services     No    Yes - Specify

Waiting     No    Yes - Specify

Discharged     No    Yes - Specify discharge date

Client name

DATE OF BIRTH

Address and psotcode

GENDER     Male     Female

Email

Has the client/patient understood and agreed to the referral?

Yes     No

Permission to leave a message

Yes     No

Landline Phone

**Should this referral be treated as urgent?**

Mobile Phone

Yes     No

## Services Required

- Advocacy                       Welfare rights                       Health/Wellbeing                       Training/Workshops
- Lesiure/social engagement     Housing Information                       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  Mobility  None

Other needs / comments

Referred by

Date of Referral

Position

Contact number

Address

Contact email