



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

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.

Services Required

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

Current Diagnosis:

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

- 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, provide details

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

Referred by

Date of Referral

Position

Contact number

Address

Contact email