

### Referral form for CAEB Mental Health Project

Referrer	
Name:	Team / Service:
Phone:	Email:
Client	
Name:	Address:
Phone:	
Email:	Date of Birth:
Date of referral:	In-patient? Y/N
Consent	
<p>Does client consent for their personal and health details to be shared with and recorded by Citizens Advice East Berkshire? Y / N</p> <p>Is client aware that a referral has been made? Y / N</p> <p>Is this referral urgent i.e. deadline on benefit claim/imminent homelessness Y/N (please elaborate in subject boxes below)</p>	
<p><b>GP surgery (name and address):</b></p>	
<p><b>Health</b> (Does client have severe mental health issues or experiencing significant mental health distress?) If yes, please elaborate:</p>	
<p><b>Diagnosis of mental health condition:</b></p>	
<p><b>Risk/relevant support needs</b> Please indicate any risk or issues in relation to the following: <b>(Where risk indicated, please attach latest risk assessment)</b></p>	
<p>Visiting CAEB service in person:</p>	
<p>Support needs required e.g. translator/BSL/illiterate/sight impaired</p>	
Subject issues – brief explanation of client's issue/s	
<p>Benefits</p>	
<p>Debt</p>	
<p>Housing</p>	