

S2R provides services to Kirklees residents aged 18+ who experience mental health problems

Name..... DOB.....

Address.....

Post Code..... Telephone.....

Ethnicity..... Gender: Male Female

In order for us to effectively support people in moving towards recovery we require details of the care plan. *(please attach copy)*

Worker / contact for care plan..... Consultant.....

GP..... Practice.....

Diagnosis / Reason for referral

Is person on CPA? **Yes No** Is attendance part of care plan? **Yes No**

Are you aware of any history of risk to self or others? **Yes No** Section 117: **Yes No**
If yes please give details.....

N.B. High risk history or aggressive behaviour may affect eligibility for service.

Any other relevant information (eg diabetes, angina):

What services do you think would be most useful at this time? *(please circle)*

Self Help Workshops **Relaxation** **Social Confidence**

Employment / Training Advice **Other (please detail)**

Do you require feedback for this referral? *e.g. if attended, frequency of attendance.....*

Signed (Referrer)..... **Date**.....

I would like to visit and find out more. *(You are welcome to come with your worker, friend or relative. If there is no one you can ask please tell us and we will try to help).*

Signed