

Mental Health Wellbeing and Recovery Services

Referral Form

Provider Details for Referral Forms:-

Leicester City, Oadby, Wigston & Blaby

Richmond.fellowshiplifelinks@nhs.net. Free Phone 0800 0234575 (SPOA)

1st Floor 60 Charles Street, Leicester. LF1 1FB

Charnwood, North West Leicestershire, Hinckley & Melton

leicestershire.andrutland.mhm@nhs.net free phone 0300 3230 189 Single Point of Access

Swithland Suite The Crescent, 27 King Street, Leicester LE1 6RX

Harborough

Harborough.mindmatters@nhs.net 01858 411383

1st Floor Torch House, Torch Way, Market Harborough, Leicestershire LE16 9HL

Full Name	
Date of Birth	
Current address	
Contact Number	
Email Address	
NHS Number	
GP Name address & Contact number	

Ethnicity	
Gender Preference	

If you are referring someone into the service please print your details and confirm that you have gained consent from the individual being referred.

Name..... Date.....

Job Title..... Consent Gained Yes/No

Reasons for referral

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Any Specific Support e.g. interpreter

Names of any other professionals or organisations involved	
Name	Contact Details

By signing this form I give consent to the organisation receiving personal information from my referral agent and or any other agencies involved in my current or previous care/support. I understand that they will handle all information in line with Data Protection Legislation and their own Confidentiality and Information Governance Protocols.

Signature..... Date.....

Internal Use only:

Date received	
Date Actioned	
Outcome : Telephone support, 1-1 support ,Signposting	
Assigned to	
Signed	
Date	



Mental Health Wellbeing and Recovery Services Funded by:

