**Intensive Outreach Referral Form**

**Referrer details**

|  |  |
| --- | --- |
| Date of referral |  |
| Name of referrer |  |
| Role |  |
| Email |  |
| Phone Number |  |

**Personal Details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Title | First name | | Last name | | | | |
|  |  | |  | | | | |
| Do you use any other names?  Please write other names here | |  | | | | | |
| Address | |  | | | | | |
| Postcode | |  | | | | | |
| Landline | |  | | OK to leave voicemail? | | Yes |  |
| No |  |
| Mobile | |  | | OK to leave voicemail? | | Yes |  |
| No |  |
| OK to send SMS text? | | Yes |  |
| No |  |
| Email | |  | | | | | |
| Preferred method of contact | |  | | | | | |
| Date of birth | |  | | | | | |
| Pronouns | | He/him |  | | | | |
| She/her |  | | | | |
| They/them |  | | | | |
| Prefer not to say |  | | | | |
| Other (please specify) |  | | … | | |

**Background**

|  |  |
| --- | --- |
| Do you live with others?  (Children/spouse/family/friends) |  |
| Your current situation description |  |
| Currently a mental health inpatient? | ☐Yes ☐No |
| If applicable, circumstance leading to admission |  |
| Are you under an Order of the Mental Health Act? |  |
| Mental health diagnosis |  |
| Is client in agreement with this diagnosis? | ☐Yes ☐No |
| Brief mental health history |  |
| Current Medication? (Name, Dose, frequency) |  |
| Other disabilities/health problems |  |
| Current or historic suicide/self-harm risk |  |
| Any history of aggression or violence?  **Including any history of violence towards staff**. |  |
| Current or historic drug/alcohol use |  |
| Any other relevant information or risks IOS should be aware of? |  |
| Currently receiving support from any other service? |  |
| What type of support would you like to receive from our service? |  |
| Is the person in a place where they will benefit and engage with goal-orientated support? | ☐Yes ☐No |
| Support hours requested and preferred hours/times of support throughout the week? |  |
| Do they have any support needs with written or spoken communication? E.G Large print, English as a second language, hearing or speech need  Please give details |  |

**Demographic information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Gender identity | Male (including trans male) |  | | |
| Female (including trans female) |  | | |
| Non-binary |  | | |
| Prefer not to say |  | | |
| Other (please specify) |  | … | |
| Do not wish to disclose |  | | |
| Is your gender the same as assigned at birth? | Yes |  | | |
| No |  | | |
| Do not wish disclose |  | | |
| Pronouns | He/him |  | | |
| She/her |  | | |
| They/them |  | | |
| Prefer not to say |  | | |
| Other (please specify) |  | … | |
| Sexual Orientation | Gay |  | | |
| Bisexual |  | | |
| Heterosexual |  | | |
| Lesbian |  | | |
| Prefer not to say |  | | |
| Other (please specify) |  | | |
| Ethnicity | Arab |  | | |
| Asian/Asian British: Bangladeshi |  | | |
| Asian/Asian British: Chineese |  | | |
| Asian/Asian British: Indian |  | | |
| Asian/Asian British: Other |  | | … |
| Asian/Asian British: Pakistani |  | | |
| Black/Black British: African |  | | |
| Black/Black British: Carribean |  | | |
| Black/Black British: Other |  | | |
| Mixed: Other |  | | … |
| Mixed: White & Asian |  | | |
| Mixed: White & Black African |  | | |
| Other |  | | … |
| White: English |  | | |
| White: Gypsy |  | | |
| White: Irish |  | | |
| White: Northern Irish |  | | |
| White: Other |  | | … |
| White: Scottish |  | | |
| White: Traveller |  | | |
| White: Welsh |  | | |
| Do not wish to disclose |  | | |

|  |  |
| --- | --- |
| First Language: |  |
| Employment Status: | Employed: Full time Part time Voluntary Work  Unemployed: Long term sick or disabled Looking for work  Student: Full time Part time  Retired  Other |
| If part time, how many hours do you work in a typical week? |  |
| Do you receive benefits? | Yes No Prefer not to say |
| If so, which ones? | Attendance Allowance Carers Allowance Child Benefit  Disability Living Allowance Housing Benefit Income Support Employment and Support Jobseekers Allowance Pension  PIP Maternity Pay Universal Credit  War/Widower Benefits Other Prefer not to say |
| Do you have a carer? | Yes No Prefer not to say |
| Are you a carer for someone? | Yes No Prefer not to say |
| Do you consider yourself disabled? | Yes No Prefer not to say |
| If so, please describe your disability. You may select more than one. | Physical Condition  Sensory Condition  Mental health condition (such as Depression or Anxiety)  Learning disability/difficulty (such as Down’s Syndrome or Dyslexia)  Cognitive condition (such as Autistic Spectrum Disorder)  Long-standing illness or health condition  Prefer not to say |

**GP and Emergency Contact Detail**

|  |  |
| --- | --- |
| Name of GP |  |
| GP Surgery |  |
| NHS Number:  (if known) |  |
| GP Email |  |
| GP Phone number |  |
| In case of an emergency, do you give us permission to discuss your records with them? | ☐Yes ☐No |

**Confidentiality and data protection**

At Second Step, protecting your personal information is very important to us and we will ensure your personal data is kept confidential and held securely.

We use a great deal of information in our [**services**](https://www.second-step.co.uk/our-services/). For example, we process information about current and past service users working with us or receiving support or tenants in our accommodation. For each service Privacy Notices will be presented directly to these individuals in an upfront way, to ensure they clearly understand how we will use their information.

To find out how we use, store and protect information obtained for these purposes please read our [**protecting your personal information leaflet**](https://www.second-step.co.uk/wp-content/uploads/2024/05/SS_A5_PROTECTINGINFO_LEAFLET_ELEC_MAY2024.pdf) (this is Second Step’s Privacy Notice and is available on the website or in hard copy)

If you would like to ask questions about how your information is used, or raise a concern you can contact [**DPO@second-step.co.uk**](mailto:DPO@second-step.co.uk)

|  |
| --- |
| **Declaration** |
| I declare that the information provided by me is accurate to the best of my knowledge.  If I choose to go ahead and receive support through this service, I hereby authorise Second Step to store and process personal information related to me and the service I receive, as described in their Privacy Notice.    By submitting this request for support you are agreeing to the statement above. |

If you have any questions, please get in touch with the team on:

**Telephone (freephone line):  01225 261090**

**Email:**

Please send this form to:

[sshaltd.intensiveoutreachbsw@nhs.net](mailto:sshaltd.intensiveoutreachbsw@nhs.net)

This service is open from **09:00 - 17:00, Monday-Friday.**