



# Oxfordshire Mental Health Partnership Referral Form

This form is for use throughout Oxfordshire to make referrals to existing Mental Health support services. This can be filled in by you or for someone else.

**This form is for initial entry in to Mental Health Services. If you are already known to anyone in the partnership you do not need to fill in this form as we will use your passport assessment.**

People wishing to refer to non-Mental Health floating support services should contact Connection (01865 711267) to get a copy of their generic referral form.

Please complete this form in full. In order to ensure we are able to safely offer the correct type of support and accommodation we require full and frank disclosure of mental health history including all risk areas. Unless we are satisfied that we have sufficient information to this end we will not carry out an assessment.

Some services may require an up to date copy of your CPA and Risk assessment. Please see pages 3–4 to check what to include. **Failure to include the documents requested will delay your application.**

## Supported Housing



The **Mind Response**  
Housing Partnership

Pooling resources to improve  
access & promote recovery



Please tick the boxes below to show which service you wish to be considered for

### Response Recovery Campus

### Oxfordshire Mind Transitional Housing Recovery Service

Oxford City

South Oxfordshire

West Oxfordshire

### Response Area Teams

Please indicate in which area of Oxfordshire you would like to be considered for housing -

Oxford City

North Oxfordshire

### Response Oxfordshire Care and Support Services

**Address:** Referrals Co-ordinator

Mind Response Housing Partnership

AG Palmer House

Morrell Crescent

Oxford OX4 4SU

**Email:**

support@mindandresponse.org.uk

**Telephone:**

01865 397951

**Fax:**

01865 397941 (please call to confirm receipt)

**Websites:**

www.response.org.uk

www.oxfordshire-mind.org.uk

## Floating Support Services

### Connection the Floating Support Team

**Telephone:** 01865 711267

**Email:**

enquiries@connectionsupport.org.uk

**Website:**

<http://www.connectionfs.org.uk>



### Elmore Mental Health Floating Support Team

### Complex/Multiple Needs Floating Support



**Telephone:** 01865 200130

**Email:**

info@elmorecommunityservices.org.uk

**Website:**

<http://www.elmorecommunityservices.org.uk>

Please send your form to and clearly state which service you are applying for on the front:

**Address:** 213 Barns Road (1<sup>st</sup> Floor),  
Oxford,  
OX4 3UT

## Mental Health Recovery Groups and Education



**Restore Recovery Groups, Training and Employment Coaching**

**Telephone:** 01865 155839

**Email:**

information@restore.org.uk

**Website:**

<https://www.restore.org.uk/>

## A. Details of Person Wanting Support

Is this a self referral?      **YES**                      **NO**

### Applicants Details

Name of person wanting support: (Mr,Mrs,Miss,Ms...)

Date of Birth:

NHS number:

Address:

Contact Address  
(if different):

Telephone No:

Mobile No:

E-mail address:

Which area of Oxfordshire do you have a local connection with?

### Referred By:

Name:

Service:

Job Title:

Telephone No:

Mobile No:

E-mail:

### Family and Friends involved in your support:

Name:

Relation to you:

Telephone No:

Mobile No:

E-mail address: \_\_\_\_\_

Name:

Relation to you:

Telephone No:

Mobile No:

E-mail address:

### Details of any current services/carers involved in supporting you:

Name:

Service:                      Job Title:

Telephone No:

Mobile No:

E-mail address:

Name:

Service:                      Job Title:

Telephone No:

Mobile No:

E-mail address:

### Included with this referral-

A GP letter stating diagnosis, any medication I am taking and any further information they feel is relevant. (This is to be provided if you are not currently being supported by Mental Health services.)

Or

A copy of current CPA, stating cluster number.

A copy of applicants most recent Risk Assessment.

**If this information is not provided your application will be delayed until we receive it.**

## B. Reason for Referral

Please tick the appropriate box for level of support you need

Managing mental health

Physical health and self care

Addictive Behaviour

Living Skills

Social Networks

Responsibilities

Work

Relationships

Trust and Hope

Identity and Self Esteem

Please comment on the boxes you ticked.

## C. Wellbeing

**Mental Health services have a holistic approach and aim to support peoples physical health**

What is the date of your last annual physical health review?

Do you drink Alcohol?

Yes

No

Do you smoke?

Yes

No

If so how much?

If so how much?

Do you take non-prescription drugs?

Yes

No

If yes, please provide details:

Please give details of any physical health needs you have which we need to consider?

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Are you on the SMI Chronic Disease Register at your local GP Practice? **YES** **NO** **UNSURE**

Where there any physical health risks identified at the last review?

Will a care package be required? If so, has one already been applied for?

Do you exercise or wish to receive support to undertake exercise?

**D. Extra information on finances**

Are you in receipt of benefits?

ESA                                  PIP/DLA                                  Other (please State)

Are you eligible for Housing Benefit?

Do you have outstanding debts/arrears? Please give details.

Do you have any savings or assets? What are they?

Do you have a bank account?

If so, are you willing to pay your housing service charge by standing order?

You can have a benefits check by calling Benefits for Better Mental Health on 07754 999 411.

**E. Is there any history of the following (tick for yes)**

- |                     |                         |                      |
|---------------------|-------------------------|----------------------|
| Alcohol Misuse      | Drug Misuse             | Sexual offences      |
| Suicide attempts    | Self Harm               | Verbal abuse         |
| Physical Violence   | Destruction of property | Criminal convictions |
| Fire risk           | Arson                   | Domestic Violence    |
| Safeguarding issues | Anti-Social Behaviour   | Being Exploited      |
| Rent arrears        | Loss of tenancy         |                      |

Please give details on all those ticked:

## F. Medication

Please give details of any current medication that you are taking?

Do you look after your own medicine?    YES            NO

Do you understand what your medication is for and what possible side-effects it may have?

Have you ever had problems with taking your medication?

Are there any medications or drugs that you have a known sensitivity to?

## G. Mental Health

What are your past and present mental health problems?

What care cluster have you been allocated? (Please note that to be eligible for these services you must be in care cluster 4-17).

Please tell us about all previous/current hospital admissions.

Has a Doctor told you your diagnosis?    YES            NO

What is this diagnosis?

Do you agree with the diagnosis?



## Equal Opportunities Monitoring Form

We are committed to providing a service which is fair and available to everyone. To help us monitor this, please answer the following questions:

**Gender**                      Male                                      Female                                      Other Gender Identity

Do you consider yourself to have a disability?                      Yes

### Ethnicity of applicant

- A. White*                      British  
Irish  
Other
- B. Mixed*                      White & Black Caribbean  
White & Black African  
White & Asian  
Other
- C. Asian*                      Indian  
Pakistani  
Bangladeshi  
Other
- D. Black*                      Caribbean  
African  
Other
- E. Chinese or other ethnic group*  
Chinese  
Other
- F. Refugee*



**Information for applicants**

Once you have completed this form, you may send it or copies of it, to any of the services whose details you will find on the pages 3 & 4. Where you have said that you are happy for your information to be shared with other agencies, we will do this. By doing this, we hope to save you the time and trouble of filling this and other forms out more than once.

Once the services get your form, they may ask for more information and they will be back in touch to do this. Once they have sufficient information, and are confident that you are eligible for their service, they will be in touch to arrange an interview. The interview will be your chance to ask more questions and for the service to decide whether they can offer you support.

Each of the services using this form has their own standards and complaints procedures which you can use to appeal if you think the decision they have made is wrong or unfair. Call any of the numbers on the next page for more details of how to do this.

Not all of the services may be right for you, so please call any of the providers to check whether the support they can offer is the support that you need. If you would like more details on what services are available you can call the Oxfordshire Mental health information line on 01865 247788 or by looking at [www.omhi.org.uk](http://www.omhi.org.uk).

**In order to ensure we assess your needs appropriately, we reserve the right to share relevant confidential information with those involved in providing social and health services as would be expected as part of normal professional, confidential working practice. We may also share such information with other agencies when accepting or making a referral and/or where there is a risk to you or to others. By signing this form you are agreeing to the above and all personal information will be treated as confidential and subject to the Data Protection Act 1998, by all services.** You may, at any time, request access to the personal information held about you.

**We may also need to obtain relevant reports or information from sources other than the referees you have provided and by signing this form you give us permission to do so.**

If you do not wish to share the information on this form, or to provide details which will support your application, we may not be able to accept your application.

*Please take note, we cannot process the referral without the applicant's signature.*

**Your name:**

\_\_\_\_\_

**Your supporter/referrer's name:**

\_\_\_\_\_

**Signature of applicant**

\_\_\_\_\_

**Signature of supporter**

\_\_\_\_\_

**Date** \_\_\_\_\_

**Date** \_\_\_\_\_

I have supported the applicant to complete this form