# Mind and Body Self **Referral Form**

Please check that you meet all of the criteria listed below. If all criteria are met, then please proceed with the referral and complete the form in as much detail as possible.

Once complete, please send it via post to **‘Mind and Body’, Unit H, Jubilee Way, Faversham, Kent, ME13 8GD** or via email to securely to [**mab.kent@nhs.net**](mailto:mab.kent@nhs.net)

**N.B:** If you are a parent/carer completing this form then please complete it alongside your young person.

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| **CRITERIA (N.B. all criteria must be met to be able to accept the referral) - Please tick:** | |
| Are you aged 13 – 25 years old? |  |
| Do you live in Kent, attend education in Kent or are registered with a Kent GP  (This includes Medway, for 18-25 year olds only)? |  |
| Are you able and willing to work within a group setting? |  |
| Are you involved in or potentially vulnerable to self harming behaviours? |  |
| Are you appropriate for early intervention (i.e. not presenting with immediate risk or having complex mental health needs.)? |  |
| You have not had any suicidal intent or suicide attempt within the past 3 months. Note: we can accept people who have had suicidal intent or attempts in this time frame. |  |
| Do you consent to this referral? |  |
| Are you able to attend sessions in one of the listed areas (see overleaf)? |  |

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| **YOUR DETAILS:** | | | |
| **Name:** |  | **Date of birth:** | / / |
| **Contact number (s):** |  | | |
| **Contact email:** |  | | |
| **Preferred methods of contact:** | Letter / Email / Text / Phone | **Can we leave an answer phone message?** | Yes / No |
| **Full address  including postcode:** | (Please specify if letter(s) should **not** be sent to the home address). | | |

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| **PREFERRED AREA FOR CLIENT TO ATTEND SESSIONS:** | | | | | |
| **N.B:** Sessions will be delivered in line with Covid-19 government guidance | | | | | |
| **Gravesend** |  | **Medway (18-25 year olds only)** |  | **Maidstone** |  |
| **Sittingbourne** |  | **Thanet** |  | **Ashford** |  |
| **Dover** |  | **Canterbury** |  | **Remote/Virtual preferred** |  |

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| **REASONS FOR REFERRAL:** |
| What are you currently struggling with? What are you concerned about? |
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| How long has this been going on for and what are your triggers? |
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| What do you hope to gain from this referral and taking part in Mind and Body? |
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| **IDENTIFIED RISKS (please tick):** | | | |
|  | **Current** (last 2 weeks) | **Recent** (past 6 months) | **Historical** (0ver 6 months) |
| Self-harm |  |  |  |
| Harm to others |  |  |  |
| Suicidal thoughts |  |  |  |
| Suicide attempts or plans |  |  |  |
| Other |  |  |  |
| *For each risk identified, please provide details* | | | |

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| **PROTECTIVE FACTOR (These are factors that enhance your coping abilities):** |
| **What is going well right now?** |
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| **What helps you cope with difficult emotions?** |
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| **Who is helping you? What support do you have in place?** |
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| **Have you had involvement with any other services (including referrals)?**  **Yes No** | **Do you have any additional needs or disabilities?**  **Yes No** |
| *If yes, please specify which agencies (e.g. CYPMHS, Adult Mental Health Services, Early Help, Social Services) and whether this is current or historic involvement.* | *If yes, please specify.* |

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| **NEXT OF KIN DETAILS:** | | | | |
| **Name:** |  | | | |
| **Relationship to you:** |  | | | |
| **Contact number:** |  | | | |
| **Email:** |  | | | |
| **Full address including Postcode:** |  | | | |
| **Do you consent for them to be contacted?** | *In cases of emergency, in order to keep everyone safe, we may need to contact your next of kin even if you have not given consent*  Yes No **YYes No**  **es No** | | | |

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| **CONSENT (Please only complete this section if you are a parent/carer referring your young person)** | |
| If you are a parent/carer, has this referral been discussed with your young person? | Yes / No/ Not Applicable |
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| If you are a parent/carer, what do you hope to gain from your young person’s attendance to the programme? |  |
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