



**Mental Health Community Development
Work
Referral Form**

**For better
mental health**

All information given on this form is confidential to Mind In Harrow. It may be passed on to other Mind In Harrow projects on a 'need to know' basis with your consent.

Name: _____

Name of referrer (if applicable): _____

Address: _____

Contact no.: _____

Email Address: _____

D.O.B.: _____

How did you hear about the service?

Do you have any language requirements?

Are you currently accessing any support services?

Please describe the mental health problem that you experience/ or have experienced?

What services/support would you find helpful?

Are there any circumstances, which you feel could hinder you accessing the support you want?

Any other information you feel would be useful?

I am willing for the information on this form to be shared with Mind in Harrow staff and give them permission to contact my GP or relevant professional in a case of major concern or crisis.

I give my consent for Mind in Harrow to hold sensitive personal data about me, as defined in the Data Protection Act 1998, in order to enable a good quality of service to be provided to me.

Signature: _____

Date: _____