



**Migrant and Faith Mental Health Access  
Worker**

**For better  
mental health**

**Referral Form**

**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?**

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**What services/support would you find helpful?**

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

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**Any other information you feel would be useful?**

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**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:** \_\_\_\_\_