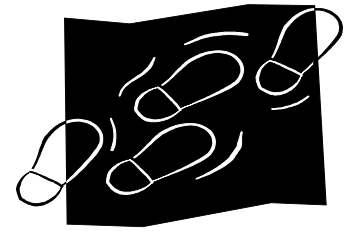




**Mind in Harrow**



**STEPPING STONES PROJECT**  
**REFERRAL FORM**

All information given on this form is confidential to Mind in Harrow.

Name: \_\_\_\_\_

Gender: M / F

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name & Telephone Number to contact in an Emergency: \_\_\_\_\_

**Mental Health Support: (please tick the box that applies to you)**

Hospital inpatient

Live in Rehabilitation Home

Attend Day Centre

Out Patient

No formal mental health support

**How did you find out about the Stepping Stones Project:**

I picked up a leaflet

A Stepping Stones Worker

Family / Friend

Community Mental Health Nurse

GP

Hospital Staff

Social Worker

Other Please state: \_\_\_\_\_

What courses/leisure activities are you interested in?

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Are there any circumstances, which you feel could hinder your attending a course or activity?

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

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It would be helpful if you could let us know your diagnosis. This is optional.

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Do you have a medical condition or physical disability?

If so, please give brief details where relevant, particularly if there is any risk ( e.g. heart condition, diabetes, epilepsy etc...)

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I am willing for the information on this form to be shared with Mind in Harrow staff on a 'need to know' basis 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: \_\_\_\_\_