**REFERAL FORM**

**Solidarity in a Crisis** is part of Certitude. Support at the Cafeis provided by Certitude and SLaM. We provide a safe, supportive environment for people in a mental health crisis as an alternative to using other crisis services.

**Date:** **Location:** **Time:**

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| --- |
| **PERSONAL DETAILS OF PERSON BEING REFFERED** |
| **Name:**  | **Date of Birth:**  |
| **Address:**  | **Tel No: Mob:** |
|  | **Gender:** |
| **Post Code:**  | **Email:** |
| **SLAM CONTACT DETAILS / NEXT OF KIN:**  |
| **SLAM trust ID:** | **CMHT:**  |
| **NHS No:**  | **MH Practitioner :**  |
| **Carer’s name:**  | **Carer’ tel no:**  |

|  |  |
| --- | --- |
| **Reasons for referral** **(ESSENTIAL: PLEASE GIVE DETAILS)** |  |
| **What the person seeks from the crisis café:** | **Emotional Support** |  |
| **Psychological Interventions** |  |
| **Support with Benefits or Finance** |  |
| **Social Inclusion** |  |
| **Information Resources** |  |
| **Activities of Daily Living**  |  |
| **Education / Training** |  |
| **Other – Please detail** |  |
| **Person’s Known risks** | **Suicide** |  | **Self-Harm** |  |
| **Harm to Others** |  | **Drugs and Alcohol** |  |
| **Social Isolation** |  | **Self-neglect** |  |
| **Damage to property** |  | **Financial Issues** |  |
| **Other** |  |  |  |
|  |
|  | **Yes** | **No** | **Comment**  |
| Has the person being referred agreed to this referral? |  |  |  |
| Does the person require immediate support? |  |  |  |
| This service is for 3 weeks only and then sign-posting. Please confirm this has been advised to client |  |  |  |

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| **REFERRER’s INFORMATION** |
| **Name:**  |
| **Role:**  |
| **Team:**   |  |
| **Tel:**  | **E-mail:**  |

**RISK ASSESSMENT**

**Red, Amber and Green narrative of customers who could use the crisis café.**

**RED RISK IS NOT SUITABLE FOR REFERRAL TO THE HARBOUR CAFE**

|  |  |
| --- | --- |
| **Red** | **Person is in crisis that might need an inpatient admission, refusing to engage with their care coordinator and mental health services, subject to a mental health Act assessment, non-compliant of prescribed mental health medication, possibly taking alcohol and illicit substances, potentially having social issues with family, carers, neighbours and at work. Potential high risk to self, others and property.** |
| **Amber** | **Person is potentially deteriorating and relapsing in mental state, possibly due to non-compliance with prescribed mental health medication, not currently taking or dependent on alcohol and or illicit substances, sporadic engagement with care coordinator and mental health services. Maybe experiencing escalating social issues with family, carers, neighbours and at work Moderate risk to self, others and property.** |
| **Green** | **Green: Person is considered stable in mental state, engaging with care coordinator and mental health services and concordant with prescribed medication, either no or minimal usage of alcohol and illicit substances, no social issues. Low risk to self, others and property.** |

Referrer’s observation zone: **Green**: **Amber**: **Red**:

**Medical clearance completed (ED only):**

**Please send form to:** outofhours-solidarity@certitude.org.uk

If you have any questions regarding the form or your referral please call 0203 – 192 – 6722 or email outofhours-solidarity@certitude.org.uk

