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**Older Adults Mental Health Team Referral Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name** |  | | | | | | **Ethnicity** | | |  | | | | |
| **D.O.B/Age**  **NHS Number** | | |  | | | | |
| **Phone Number** | | |  | | | | |
| **Address** |  | | | | | | **Mobile Number** | | |  | | | | |
| **Client email address** | | |  | | | | |
| **GP Surgery** |  | | **Mental Health Diagnosis**  **Physical Health Diagnosis** | | | | | | | | | | | |
| **Date of referral** |  | |
| **Reason for referral / support needs** |  | | | | | | | | | | | | | |
| **Ex-Military Services**  **Y / N** | **Is the client a carer?**  **Y / N** | | | | **Does the client live alone?**  **Y / N** | | | | | | | | **Is there a care package in place?**  **Y / N** | |
| **Issues to note when visiting eg: any known risk to others , pets, mobility, access, safeguarding** | | | | | | **In receipt of any benefits**  **Y/N/Unknown** | | | | | | | **Are there any memory issues**  **Y/N/Unknown** | |
| **Referred By:** | **Self** | **Relative** | |  | | | | **Professional Contact** | | | | | | **Other** |
| **Details of Referrer**  **(Name and organisation)** |  | | | | | | | | **Contact Number** | |  | | | |
| **Email address** | | |  | | |
| **Support Provided** | **Information Provided** | | | |  | |  | | | | | | | |
| **Signposted on to** | | | |  | |
| **Home Visit Booked** | | | |  | |
| **Phone call required** | | | |  | |
| **Data Protection – Consent to Share**  We will store and process this information in accordance with the requirements of their Data Protection Policies and in keeping with the Data Protection Act 1998.  **I am happy for Age UK Oxfordshire/Connection Support to store and process my details and to share with partner agencies if appropriate:**  **Name:**  **Date:**  **Signature:**  Verbal consent given to sharing of details with Oxford Health (please delete) YES / NO | | | | | | | | | | | | | | |

Please forward your completed referral form via email to [OAMH@connectionsupport.org.uk](mailto:OAMH@connectionsupport.org.uk)