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| **Who is making this referral?** |
| Self-referral [ ]  Where did you hear about Oakleaf?       Have you had a show around in the last 3 months? Yes No  |
| Referred bysomeone else [ ]  | Referrers name:      What organisation they work for:      Their work address:Their contact number:  |

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| **Personal information**  |
| Name:       | Date of Birth:       |
| Address:       |
| Email:       |
| Contact number/s:      |
| If supported name of consultant/CPN/support worker:       | Support workers contact telephone number:      Can the support worker be contacted directly if necessary? YES [ ]  NO [ ]  |
| Name of client’s GP:      GP’s telephone number:      GP surgery name:       |
| What would the client like to change or achieve by attending Oakleaf?      What is the client’s long term goal?      |
| What benefits does the client currently receive?      Has the client worked in the last 3 years? YES [ ]  NO [ ]  **Please turn over to complete the rest of this form…** |

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| **Mental health information** Please give us as much information as you can regarding the client’s mental health conditions and how they affect them  |
| Current mental health information:       |
| Past mental health information:      |
| **Reason for referral** What would the client like to do at Oakleaf and why? |
| Please specify which activity/activities the client is interested in:**Vocational Training** Upholstery [ ]  IT [ ]  Horticulture [ ]   |
| **Social Inclusion Activities** (see calendars for activities) [ ]  |
| **Counselling** [ ]  |
| Why would the client like to take part in this activity/ course?       |
| **Current social situation**  |
| Does the client currently receive support from other services? Please specify.Does the client live independently? Does the client have any issues with drugs or alcohol? If so, please specify      |
| Signed:       Date:       Print name:      **Please return this form to:****Client Services Department, Oakleaf Enterprise, 101 Walnut Tree Close, Guildford, Surrey, GU1 4UQ**katiedewick@oakleaf-enterprise.org **| Tel: 01483 303649 | Fax: 01483 537069** |