|  |  |  |  |
| --- | --- | --- | --- |
|  **Referral Date** |  |  **Completed by** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Last referral date****D** |  |  **Last Discharge Date** |  |

 **PERSON DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
|  **First Name(s)** |  |  **DOB** |  **/** **/** |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Surname** |  |  **Sex** |  Male  Female  |

|  |  |  |  |
| --- | --- | --- | --- |
|  **NHS Number** |  |   |  |

 **ADDRESS/CONTACT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Address 1** |  |  **Telephone** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Address 2** |  |  **Mobile** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  **City/Town** |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  **County** |  |  |  **Preferred method of contact:** |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  **Post Code** |  |  |  Letter  Phone call  |  |  |  |  |  |

 **NEXT OF KIN**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Name** |  |  **Telephone** |  |

|  |  |
| --- | --- |
|  **Address** |  |

 **GENERAL PRACTITIONER**

|  |  |  |  |
| --- | --- | --- | --- |
|  **GP Surgery** |  |  **GP Name** |  |

 **EQUALITY AND DIVERSITY**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Nationality** |  |  **Language** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Ethnicity** |  White British Mixed - White & Black Caribbean Asian/Asian British - Indian Black/Black British - Caribbean Chinese |  White Irish Mixed - White and Black African Asian/Asian British - Pakistani Black/Black British - African Other Ethnicity – Please state: |  White Other Mixed - Other Asian/Asian British - Other Black/Black British - Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Sexuality** |  |  **Religion** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Disability** |  No disability Sight Speech Hearing |  Mobility and gross motor Manual dexterity Progressive conditions/physical health Behaviour and emotional |  Learning disability Perception of physical danger Personal, self-care and continence Other |

 **Information and communication needs** Give details of any info/communication needs (e.g. interpreter required, large-print, BSL, induction loop)

|  |  |
| --- | --- |
|  |  |

 **REFERRER**

 *Details of the person making this referral if not the person named above.*

|  |  |  |  |
| --- | --- | --- | --- |
|  **Name of referrer:** |  |  **Agency (if professional):** |  **/** **/** |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Relationship to client:** |  |  **Contact Number:** |  **/** **/** |

|  |  |  |
| --- | --- | --- |
| **Drug/alcohol use***Give details of:* * *any current/recent/past drug or alcohol use*
* *any previous drug/ alcohol treatment received*
 |  |  |

|  |  |  |
| --- | --- | --- |
| **Physical/Mental Health***Give details of:** *physical health issues*
* *mental health issues*
* *prescribed medications*
* *involvement with mental health services*
 |  | **Are you receiving treatment for any physical health problems? If yes what…**  |

|  |  |  |
| --- | --- | --- |
| **Carers***Are you a carer for someone? Is someone a carer for you? Give details.* |  |  |

|  |  |  |
| --- | --- | --- |
| **Family/Carer Involvement***Unity encourage the involvement of family members/carers in your treatment. Who would you like to have involved in your support?* |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Armed Forces Status** |  |  Current reservist personnel Ex-reservist personnel |  Current serving personnel Ex-serving personnel |  Family of personnel Not applicable |

|  |  |  |
| --- | --- | --- |
| **Other relevant info***Give brief details of:* * *criminal justice involvement*
* *housing*
* *education/employment*
 |  |  |

**Family & Children**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Childs Name** | **D.O.B** | **Address** | **GP** | **Relationship** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Referrals can be made in person, over the phone, by post, fax or e-mail:

|  |  |  |  |
| --- | --- | --- | --- |
| **Office** | **Address** | **Telephone** | **Fax** |
| Carlisle | Unity, 1st Floor, Stocklund House, Carlisle, CA3 8SY | 01228 212060 | 01228 535681 |
| Workington | Unity, 6 Finkle Street, Workington, CA14 2AY | 01900 270010 | 01900 873136 |
| Whitehaven | Unity, 21b Lowther Street, Whitehaven, CA28 7DG | 01946 350020 | 01946 591391 |
| Barrow | Unity, 92-96 Duke Street, Barrow, LA14 1RD | 01229 207020 | 01229 615659 |
| Kendal | Unity, White Horse Yard, 39 Stricklandgate, Kendal, LA9 4LT | 01539 742780 | 01539 739420 |

unity@gmmh.nhs.uk

|  |
| --- |
| **Office use**Form completed by:Appt Date/Time: |