

Mental Health Wellbeing and Recovery Services

Referral Form

Provider Details for Referral Forms:-

Leicester City, Oadby, Wigston & Blaby

Leicestershire.lifelinks@richmondfellowship.org.uk Free Phone 0800 0234575 (SPOA)

Charnwood, North West Leicestershire, Hinckley & Melton

leicestershire.andrutlandmhm@nhs.net free phone 0300 3230 189 Single Point of Access

Harborough

mindmatters@vasl.org.uk 01858 411383

MHM

Swithland Suite,
The Crescent,
27 King Street, Leicester
LE1 6RX

VASL My Mind Matters

1st Floor
Torch House,
Torch Way
Market Harborough
Leicestershire
LE16 9HL

Richmond Fellowship

4th Floor
60 Charles Street
Leicester
LE1 1FB

Full Name	
Date of Birth	
Current address	
Contact Number	
Email Address	
NHS Number	
GP Name address & Contact number	

Ethnicity	
Gender Preference	

Reasons for referral

Any Specific Support e.g. interpreter

If you are referring someone into the service please sign to say that you have gained consent from the individual being referred.

Name..... Date.....

Job Title.....

Self Referrals Only

What support do you currently receive?

Names of any professionals or organisations you are receiving help from	
What is their name?	What is their contact details?

By signing below I give consent toreceiving personal information from my referral agent or any other agencies involved in my current or previous care/ support.....will handle all information in line with their Confidentiality Policy and Information Governance protocols.

Signature.....

Date.....

Internal Use only:

Date received	
Date Actioned	
Outcome : Telephone support, 1-1 support, Signposting	
Assigned to	
Signed	
Date	



Mental Health Wellbeing and Recovery Services Funded by:

