****V6 11.12.18 **Contact Information**

Pathfinder West Sussex is an alliance of organisations working together to enable people with mental health support needs, and their carers, to improve their mental health and wellbeing. We provide a pathway of mental health recovery support so people can move freely between services to get well and stay well.

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| **How can we help you?** | | | | | | | | | | | |
| **Name:** | | | | | **Address:** | | | | | | |
| **D.O.B:** | | | | |
| **Landline:** | | | | |
| **Mobile:** | | | | |
| **Email:** | | | | |
| **GP details:** | | | | | | | | | | | |
| **Emergency Contact** | | **Name:** | | | | | | | | | |
| **Phone number:** | | | | | | | | | |
| **Relationship to person:** | | | | | | | | | |
| **Please tell us how you would prefer for us to contact you:** *tick a box below* | | | | | | | | | | | |
| **Mobile:** | **Text:** *if available* | | | | | **Email:** | | | **Post:** | | |
| **Do you currently receive any support for your mental health?** | | | | | | | | | | | |
| **Risk Screen –** Please let us know about any current or past risks by ticking the boxes below: | | | | | | | | | | | |
| **Risk Area** | | | **In the past 6 months** | | | | | **More than 6 months ago** | | | **Not applicable to me** |
| Self-harm | | |  | | | | |  | | |  |
| Suicide attempts | | |  | | | | |  | | |  |
| Suicidal thoughts | | |  | | | | |  | | |  |
| Violence or aggression | | |  | | | | |  | | |  |
| Severe self-neglect | | |  | | | | |  | | |  |
| Risk to children or vulnerable adults | | |  | | | | |  | | |  |
| Any substance or alcohol misuse | | |  | | | | |  | | |  |
| **Please use this space to add any details about the risks or recommendations about how you manage the risk:** | | | | | | | | | | | |
| **Any other relevant information?**  *inc. physical health problems* | | | | | | | | | | | |
| **Registered disabled?** *please tick* | | | | | | | **Yes:** | | | **No:** | |
| **Next steps:** | | | | | | | | | | | |
| **Is this a self-referral?** *please tick* | | | | | | | **Yes:** | | | **No:** | |
| **If you are referring on the behalf of someone else, please tell us your details:** | | | |  | | | | | | | |
| **Referral source: How did you hear about us?** | | | | | | | | | | | |
| **Your signature:** | | | | | | | | | | **Date:** | |
| **Please complete this form and either email it to:**  **Or post to**: Richmond Fellowship  New Park Centre  New Park Road  Chichester, PO19 7XY  [chichester.pathfinder@richmondfellowship.org.uk](mailto:Horsham.pathfinder@richmondfellowship.org.uk) | | | | | | | | | | | |

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| **EQUALITY MONITORING FORM: Please tick or complete the relevant grey shaded boxes:** | | | | | | | | | | | | | |
| **Do you consider yourself to have a disability?** | | | | | | | | | | | | | |
| Wheelchair user/mobility impairment | | |  | Dyslexia | | | |  | | Mental Health | |  | |
| Unseen disability, e.g. Diabetes | | |  | Asperger’s syndrome/Autism | | | |  | | Blind/partially sighted | |  | |
| Learning disability | | |  | Need personal care/support | | | |  | | No disability | |  | |
| Other | | |  | *Please state:* | | | | | | | | | |
| **What is your ethnic group? Prefer not to say:** | | | | | | | | | | | | | |
| **White** | | | | | | | | | | | | | |
| English/Welsh/Scottish/Northern Irish/British | | |  | Irish | | | |  | | Gypsy or Irish Traveller | |  | |
| Any other white background | | |  | *Please state:* | | | | | | | | | |
| **Mixed/Multiple Ethnic Groups** | | | | | | | | | | | | | |
| White and Black Caribbean | | |  | White and Black African | | | |  | | White and Asian | |  | |
| Any other mixed/multiple ethnic background: | | |  | *Please state:* | | | | | | | | | |
| **Asian/Asian British** | | | | | | | | | | | | | |
| Indian | | |  | Pakistani | | | |  | | Chinese | |  | |
| Bangladeshi | | |  | Any other Asian background  *Please state:* | | | | | | | | | |
| **Black/Caribbean/African/Black British** | | | | | | | | | | | | | |
| African | | |  | Caribbean | | | |  | | Other Black/Caribbean/African background  *Please state:* | | | |
|  | | |  | | | | |  | |
| **Other Ethnic Group** | | | | | | | | | | | | | |
| Arab | | |  | Any other ethnic group | | | | *Please state:* | | | | | |
| **Please tell us what category best describes your religion or belief** | | | | | | | | | | | | | |
| Agnostic |  | Atheist | | | |  | Baha’i | |  | | Buddhist | |  |
| Chinese (Confucian or Taoist) |  | Christian | | | |  | Hindu | |  | | Humanist | |  |
| Japanese (Shinto) |  | Jewish | | | |  | Muslim | |  | | Pagan | |  |
| Rastafarian |  | Sikh | | | |  | Spiritualist | |  | | Do not wish to disclose | |  |
| Other | *Please state:* | | | | | | | | | | None | |  |
| **What category best describes your sexual orientation** | | | | | | | | | | | | | |
| Heterosexual | | |  | | Gay | | |  | | Lesbian | |  | |
| Bisexual | | |  | | Other sexual orientation not listed | | |  | | Asked but not sure | |  | |
| Not stated (person declined) | | |  | | Not known | | |  | |  | | | |

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| *The information given on your application to receive Pathfinder services will be used for assessing your needs and the services you may benefit from. The information you give us will be kept confidential and your personal information will not be disclosed to third parties without your prior consent except where required by law. Access to sensitive personal data is strictly controlled and confined to staff with responsibilities in these areas. Any personal information collected by Pathfinder partners will be used in accordance with the General Data Protection Regulations (GDPR) 2018. Please see our Data Protection Policy for more information.* |

