

# Contact Information



pathfinder  
west sussex

**FOR BETTER  
MENTAL WELLBEING**

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. The purpose of this form is to initiate contact with the Pathfinder Service. This form can be used by both internal and external referrers, for a self-referral or completed by a member of staff following a conversation in person, over the phone or by email.

<b>How can we help you</b>				
<b>Name:</b>		<b>Address:</b>		
<b>D.O.B:</b>				
<b>Landline:</b>				
<b>Mobile:</b>				
<b>Email:</b>				
<b>GP details:</b>				
<b>Emergency Contact:</b>		<b>Name:</b>		
		<b>Phone number:</b>		
		<b>Relationship to person:</b>		
<b>Please tell us how you would prefer for us to contact you: <i>tick a box below</i></b>				
<b>Landline:</b>	<b>Mobile:</b>	<b>Text: <i>if x available</i></b>	<b>Email:</b>	<b>Post:</b>
<b>Do you currently receive any support for your mental health?</b>				
<b>Any other relevant information? <i>inc. physical health problems</i></b>				
<b>Registered disabled? <i>please tick</i></b>				
		<b>Yes:</b>	<b>No:</b>	
<b>Next steps: <i>What would you like to happen next?</i></b>				
<b>Risk Screen - Please let us know about any current or past risks by ticking the boxes below:</b>				
<b>Risk area</b>	<b>In the past 6 months</b>	<b>More than 6 months ago</b>	<b>Not applicable to me</b>	
Self-harm				
Suicide attempts				
Suicidal thoughts				
Violence or aggression				
Severe self-neglect				
Risk to children or vulnerable adults				
Any substance or alcohol misuse				
<b>Please use the space below to add any details about the risks or any recommendations about how you manage the risks:</b>				
<b><i>If you are referring on behalf of someone else, please ensure that the person you are referring is aware that you are completing this form. Please give us your details below.</i></b>				

<b>Relationship:</b>		
<b>Is this a self-referral?</b> <i>please tick</i>	<b>Yes:</b>	<b>No:</b>
<b>Referral source: How did you hear about us?</b>		
<b>Your signature:</b>		<b>Date:</b>
<b>Please return completed referral form to <a href="mailto:helppoint@westsussexmind.org">helppoint@westsussexmind.org</a></b>		
<p><i>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.</i></p>		

