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**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.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **How can we help you?** | | | | | | | | |
| **Name:** | | | | **Address:** | | | | |
| **D.O.B:** | | | |
| **Landline:** | | | |
| **Mobile:** | | | |
| **Email:** | | | |
| **GP details:** | | | | | | | | |
| **Emergency Contact** | | **Name:** | | | | | | |
| **Phone number:** | | | | | | |
| **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?** | | | | | | | | |
| **Any other relevant information?** *inc. physical health problems* | | | | | | | | |
| **Registered disabled?** *please tick* | | | | | | **Yes:** | | **No:** |
| **Next steps:** *What would you like to change?* | | | | | | | | |
| **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 the space below to add any details about the risks or any recommendations about how you manage the risks:** | | | | | | | | |
| **Is this a self-referral?** *please tick* | | | | | | **Yes:** | | **No:** |
| **If you are referring on the behalf of someone else, please tell us your details:** | | |  | | | | | |
| **How did you hear about us?** | | | | | | | | |
| **Your signature:** | | | | | | | | **Date:** |
| **We prefer self-referrals,** please fill out this form and email it to our secure email address here:  [sussexoakleafreferrals@nhs.net](mailto:sussexoakleafreferrals@nhs.net)  or post it to:  **2nd Floor, Delmon House, 36-38 Church Road, Burgess Hill, West Sussex, RH15 9AE**  We are also more than happy to take a phone call and fill out this form with you over the phone, please phone us on:  **01444 416391** for Mid Sussex **01293 534782** for Crawley | | | | | | | | |
| *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 Data Protection Act 1998 (DPA)* | | | | | | | | |

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