**Contact Information**

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| **How can we help you?** (What support are you looking for?) |
| **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*   |
| **Landline:**  | **Mobile:**  | **Text:** *if available*  | **Email:**  | **Post:**  |
| **Do you currently receive, or have you previously received any support for your mental health?** (e.g., Sussex Partnership NHS, Time to Talk, Change Grow live, Adult Social Care services) please provide details.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**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:** |
| **Any other relevant information?** *inc. physical health problems*   |
| **Registered disabled?** *please tick*  | **Yes:**  | **No:**  |
| **Next steps:** ***What would you like to happen next?***    |
| ***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.***  |
| **Relationship:** **Contact Details:**   |
| **Is this a self-referral?** *please tick*  | **Yes:**  | **No:**  |
| **Referral source: How did you hear about us?**  |
| **Your signature:**   | **Date:**  |
| **Please complete this form and either email it to:** Horsham.pathfinder@richmondfellowship.org.uk Or post to: Richmond Fellowship                   70 Park Street                   Horsham RH12 1BX If you have any queries, please ring: 01403 241866   |
| *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.*  |

**Consent to store and share information**
**Please refer to Richmond fellowship’s Privacy notice prior to signing this form**

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| 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.  So that we can provide you with consistent care it may be necessary to store and share information between the Pathfinder organisations that are supporting you.  Please indicate those partners you wish to receive and store information about you:  |
| **Organisation**  | **Initial**  | **Organisation**  | **Initial**  |
| United Response                   **Yes / No**             |   | BHT Sussex                               **Yes / No**  |   |
| West Sussex Mind                 **Yes / No**  |   | Southdown                                         **Yes / No**  |   |
| Mind in Brighton and Hove    **Yes / No**  |   | Capital                                              **Yes / No**  |   |
| Sussex Partnership NHS       **Yes / No**  |   | Stone Pillow                                      **Yes / No**  |   |
|   |   | Rethink                                             **Yes / No**  |   |
|  If your referral does not meet the criteria for this service your referral may be discussed in a multi-agency meeting for relevant information to be gathered and shared with services that may be able to offer you support (as listed below) and you may be contacted directly by one of these services if clinically appropriate.

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| Change Grow Live       **Yes / No**  |   | Time To Talk                                      **Yes / No**  |   |
| Adult Social Care         **Yes / No**  |   | Sussex Partnership NHS                   **Yes / No**  |   |

 Are there any people/organisations that are particularly involved in supporting you that you would like us to be aware of, and/or give consent to share information with?  |
|  **Name**  | **Relationship to you**  | **Contact Number**  | **Consent to Share information**  |
|   |   |   | Full / None / limited Comments:  |
|   |   |   | Full / None / limited Comments:  |
|   |   |   | Full / None / limited Comments:  |
|  For more information on how you can access your records, correct any inaccuracies or object to any information we keep under the Data Protection Act and the General Data Protection Regulation (GDPR) please contact our office on  01403 241866 or go to the Information Commissioner’s website. We are registered with the Information Commissioners Office (ICO) which is the UK regulator for data protection: Richmond Fellowship ICO Number: Z5557991  Data Processing Permission I give my permission for Richmond fellowship to collect, store and process my personal data to provide me with a service.  I have had my rights under GDPR explained to me. Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |