|  |  |  |  |
| --- | --- | --- | --- |
| Please note that Change Mental Health requires that information provided to us within this referral has been given with the knowledge and consent of the referred person. Information given to us by the referrer or other agency will not be shared without the permission of the person concerned, except in an emergency. | | | |
| **Have you received consent from the referred person to refer to the service:** | | **Yes:** | **No:** |
| **Name of Person Referred:** | **Date of Birth:** | | |
| **Address:**  **Postcode:** | | | |
| **Tel No:** | | | |
| **Mobile:** | | | |
| **E-mail address**: | | | |
| **Preferred method of contact:** phone  e-mail  letter | | | |
| **Person referred:** Has a mental health problem Is a relative or carer | | | |
| **What is the person’s mental health diagnosis?** | | | |
| **Reason for referral (please give as much information as possible)**  **Please indicate the service you are referring to:**  **Resilience  Carer Support  Hearing Voices  Veterans Carer Support in Angus** | | | |

|  |  |
| --- | --- |
| **Name of GP:** | **Contact Details:** |
| **Current Supports:** | **Contact Details:** |

|  |  |
| --- | --- |
| **Does this person pose any risk to themselves or others?** YES  NO   Please summarise using the risk assessment overleaf, this **must** be completed in full with as much detail as possible, including any mitigations already in place. We cannot accept a referral without a full risk assessment. | |
| **Referrer Name:** | **Job Title:** |
| **Tel No:** | **Organisation:** |
| **Mobile:** | **Date of Referral:** |
| **E-mail address**: | |
| **Will the Change Mental Health service be part of a Care Plan?** YES  NO  | |
| **If yes, details of Lead Professional:** | |

**Keeping Me Safe and Well – Risk Assessment Form**

|  |  |  |
| --- | --- | --- |
| **Risk** | **Score** Low, Medium, High | **Risk Mitigation** (measures in place to reduce risk of harm) |
| **Physical Health** (Inc. medication, mobility, not looking after myself) |  |  |
| **Mental Health** (Inc. medication, hurting myself, not looking after myself) |  |  |
| **Alcohol / Substance Misuse** |  |  |
| **Suicide** (thought or intent) |  |  |
| **Risk To Others** (this could include verbal or physical aggression, anti-social/criminal behaviour or difficulties with relationships) |  |  |
| **Risk From Others** (this could include verbal or physical aggression, anti-social/criminal behaviour or difficulties with relationships) |  |  |
| **Other** |  |  |

**Severity** When considering severity, the scoring is as follows:

**Low** - The risks that the person or others are exposed to are no greater than for the general population. Any harm that results would not require any intervention.

**Medium** – The risk may result in harm which requires further professional support. Behaviour or feelings may lead to breakdown of relationships. **Requires a risk mitigation plan.**

**High** – The risk may result in harm which requires a hospital admission. Behaviour may result in criminal prosecution. **Requires a risk mitigation plan.**

**Please return to:**

Email: Tayside@changemh.org