# Newcastle Safe Haven Referral Form

Please complete this referral form and send it, alongside any other supporting documents, to newcastle.safehaven@nhs.net

**Please note: the person’s primary need must be mental health crisis or distress.**

### Referrer information

|  |  |  |  |
| --- | --- | --- | --- |
| **Name & role** |  | **Service / organisation** |  |
| **Contact details** |  | **Has the person consented to the referral?** |  |

### Service user information

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Preferred name(s)** |  |
| **Date of birth** |  | **Preferred pronouns** |  |
| **Address and postcode** |  | **Does the person have any communication needs, or need any reasonable adjustments?** |  |
| **Contact detail(s)**  **(telephone/email)** |  | **Ethnicity** |  |
| **GP Practice** |  | **NHS Number (if known)** |  |
| **Is the person supported by any other services?** |  | **How will the person attend the Safe Haven and return home?** |  |

### Mental health needs and history

|  |
| --- |
| **Please detail the person’s identified primary mental health needs based on your recent interaction(s), or any known history.** |
|  |

### Additional needs and history

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please detail the person’s additional contributing needs based on your recent interaction(s), or any known history.** | | | | | |
|  | Finances/debt |  | Housing/accommodation |  | Isolation & relationships |
|  | Food poverty |  | Carer needs |  | Other (detail below) |
|  | | | | | |

### Risks and safety

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please tell us about any known risks relating to the person. This might include risk of harm to others, e.g. staff. Recent risk assessments are helpful if available.** | | | | | |
|  | Suicide/self-harm |  | Risk to staff |  | Risk to others |
|  | Safeguarding |  | Substances/alcohol |  | Other (detail below) |
|  | | | | | |

### Recent contacts with services

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please tell us about any recent or ongoing contacts with services the person has had and any outcomes.** | | | | | |
|  | Crisis Team |  | Community MH Team |  | Primary Care MH |
|  | GP |  | Police |  | Emergency Department |
|  | Ambulance Service |  | Other (detail below) | | |
|  | | | | | |