**You are creating a Referral Form for Second Step’s Safe Haven Centre. Under data protection legislation there is a requirement that the person, whose details are completed in this form, are informed that details of their support will be recorded and shared with Second Step, the client’s GP Practice and Avon and Wiltshire Mental Health Partnership Trust (AWP).**

**We will not respond back to the referrer if we are able to make contact. We will attempt to make contact on 3 attempts over 3 days, if we are unable to make contact, we will send an email to you as the referrer.**

**We ask that you ensure all elevated risk clients have contact details for their local intensive support services.**

[ ]  **Client has been informed their details will be shared with Second Step, the client’s GP practice and AWP.**

**Referrer name:** Click or tap here to enter text. **Email:** Click or tap here to enter text.

**Contact number:** Click or tap here to enter text. **Organization:** Click or tap here to enter text.

**Client Name:** Click or tap here to enter text.

**Date of Birth:** Click or tap to enter a date.

**Gender:** Male [ ]  Female [ ]  Prefer not to say [ ]  Prefer to self-describe as Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Post Code:** Click or tap here to enter text.

**Contact Number:** Click or tap here to enter text.

**Contact Email:** Click or tap here to enter text.

**Is it safe/appropriate to leave a message?**  Phone [ ]  Email [ ]  Not appropriate [ ]

**Safe Haven Centre – First Contact Form**

**Name and role of person requesting the contact (if not the direct individual):**

Click or tap here to enter text.

**Communications needs and preferences:**

Do you have any specific communication needs? (e.g. another language, large print, etc.)

**Give details:**

I am happy to be contacted by: (tick all that apply)

[ ] Call to landline phone [ ] Voicemail to landline phone [ ] e- mail

[ ] Call to mobile phone [ ] Voicemail to mobile phone [ ] Text

**My preferred method of contact is:**

**Details of presenting difficulties:**

Click or tap here to enter text.

**Risk / Safeguarding concerns if known:**

Click or tap here to enter text.

**Urgency of first contact:**NB Contact times are suggested, please contact Emergency Services or AWP’s Primary Care Liaison Service (North Somerset - 01934 836406 or Sough Glos 0117 3787960 ) for urgent support

Same day [ ]  24 – 72 hours [ ]  Within 7 days [ ]

**NHS Number:** Click or tap here to enter text.

**GP Details:** Click or tap here to enter text.

**Are you aware if they are currently accessing Mental Health Services?** Yes [ ]  No [ ]  Unsure [ ]

**If Yes, do you have the details:** Click or tap here to enter text.