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| \*Patient details:  |
| Referral regarding:  | Single Adult  | [ ]  | Unaccompanied Asylum-Seeking Child  | [ ]  | Family(please add additional rows below) | [ ]  |
| Status: | Seeking Asylum  | [ ]  | Refugee |  [ ]  | Other: |
| Full Name:  | Date of Birth:  | NHS number:  | Gender: | Relationship: | Country of birth: | Date of entry to UK: |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| \*Contact details: |
| Address: |  |
| Telephone: |  | Contact preference: | Phone Text LetterEmail  | [ ] [ ] [ ] [ ]  |
| Email: |  |
| Main Language:  |  | Interpreter required: | Yes [ ]  No [ ]  |
| Second Language: |  | Can read own language:  | Yes [ ]  No [ ]  |
| Additional information: |
| Ethnicity (please mark with x):  |
| **White** | **Mixed**  | **Asian/Asian British** | **Black & Black British**  | **Other Groups** |
| British  |  | White & Black Caribbean  |  | Indian  |  | Caribbean  |  | Chinese  |  |
| Albanian  |  | White & Black African |  | Pakistani |  | African |  | Vietnamese  |  |
| Other  |  | White & Asian |  | Banglades1hi |  | South Sudanese |  | Iranian  |  |
|  |  | Other  |  | Afghan |  | Sudanese  |  | Syrian  |  |
|  |  |  |  | Other  |  | Other  |  | Other  |  |
| Current/previous GP details: |  |
| \*Reason for referral (please include any known health needs or safeguarding concerns):  |
|  |
| **Please only complete the below if information is volunteered:**  |
| Human Trafficking – National Referral Mechanism (NRM) completed  | Yes [ ]  No [ ]  NA [ ]  |
| Female Genital Mutilation (FGM) – mandatory reporting completed  | Yes [ ]  No [ ]  NA [ ]  |
| Age dispute – Age assessment completed  | Yes [ ]  No [ ]  NA [ ]  |
| Initial Health Assessment completed by Paediatrician (for Unaccompanied Asylum Seeking Children only)  | Yes [ ]  No [ ]  NA [ ] Please send us a copy of the Form IHA-YP Looked After Children.  |
| \*Referral made by:  |
| Self-referral:  |  [ ]  | Date of referral: |  |
| Name:  |  | Email Address:  |  |
| Organisation:  |  | Job title:  |  |
| Office number:  |  | Mobile:  |  |
| Address:  |  |
| Consent for referral: | Yes [ ]  No [ ]  | Consent given by: | Self [ ] Parent/carer [ ]  |
| Consent for details of appointments to be shared with others?  | Yes [ ]  No [ ]  | Please provide details:  |  |
| Details of other people involved: (e.g social worker, foster carer, support worker, volunteer) |
| Name:  |  | Role:  |  |
| Email address:  |  | Telephone number:  |  |
| Name:  |  | Role:  |  |
| Email address: |  | Telephone number:  |  |

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| \*Mandatory fieldThe Haven Asylum and Refugee Health service provide initial assessment of health needs for those meeting our criteria. The haven also provides an advice and guidance service for professionals. If you would like to discuss a referral or require advice and guidance, please contact the team on the details below.Please ensure you have given as much detail as possible. We are unable to process referrals when mandatory fields (\*) are not completed. The Haven team will triage your referral and contact the patient with details of an appointment. Details of appointments cannot be shared with others without prior consent.**Please email completed referrals to:** the.haven@nhs.netThe HavenMontpelier Health CentreBath BuildingsBristolBS6 5PT0300 124 6875 |