

RENFREWSHIRE ASSOCIATION FOR MENTAL HEALTH

Email: enquiries@ramh.org

Please return to: Renfrewshire Referrals: RAMH (Active Office), 49 Neilston Road, Paisley PA2 6LY

If you know which service/services you are referring to please tick

RENFREWSHIRE

ACTIVE – community support
0141-848 9928

Counselling
0141-847 8900

FIRST Crisis
0141-848 9090
Freephone 0500 829093

Welfare Rights
0141-847 8900

You First Advocacy
0141-849 1229

RENFREWSHIRE HOUSING
& SUPPORT SERVICE
0141-847 8900

EMPLOYABILITY SUPPORT
Renfrewshire Workforce Plus
0141-848 9122

Title: _____ First Name: _____ Surname: _____

D.O.B. _____ Gender: _____ National Insurance No: (if known) _____

Address: _____ Post Code: _____

Tel No (H): _____ Tel No. (W): _____ Mobile No: _____

Is it ok to contact you by phone/letter at home/work/mobile?

Home: Yes No Work Yes No Leave a message Yes No

Mobile Yes No Letter to Home Yes No

GP/Surgery: _____

GP Telephone No: _____

Referrer: _____

Address: _____ Post Code: _____

Tel No: _____ Fax No: _____ E-Mail: _____

Is the person aware of the service and in agreement to the Referral? Yes No

Relationship to service user: _____

REASONS FOR REFERRAL: _____

Please tick ONE BOX ONLY that best describes the persons reasons for seeking support at this time.

- | | | |
|---|--|---|
| Addictions <input type="checkbox"/> | Eating Disorder <input type="checkbox"/> | Suicidal Behaviour <input type="checkbox"/> |
| Anxiety/Stress <input type="checkbox"/> | Interpersonal/Relationship <input type="checkbox"/> | Suicidal Thoughts <input type="checkbox"/> |
| Bereavement/Loss <input type="checkbox"/> | Living/Welfare/Housing <input type="checkbox"/> | Trauma/Abuse/Self Harm <input type="checkbox"/> |
| Bi-Polar Illness <input type="checkbox"/> | Personality/Challenging Behaviour <input type="checkbox"/> | Work/Academic/Training <input type="checkbox"/> |
| Carer <input type="checkbox"/> | Physical Problems <input type="checkbox"/> | |
| Cognitive/Learning <input type="checkbox"/> | Psychosis <input type="checkbox"/> | Other _____ <input type="checkbox"/> |
| Depression <input type="checkbox"/> | Self-Esteem/Confidence <input type="checkbox"/> | |

Current/previous use of services for support?

Yes No

Please give details (if known)

Agency _____	Contact _____	Tel : _____
Agency _____	Contact _____	Tel : _____
Agency _____	Contact _____	Tel: _____
Agency _____	Contact _____	Tel: _____

RISK ASSESSMENT - INITIAL INFORMATION

		None	Mild	Moderate	Severe
Do you have a history of attempted suicide?	PAST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CURRENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan	Yes <input type="checkbox"/> no <input type="checkbox"/>				

Comment/Risks _____

Do you have a history of self-harm?	PAST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CURRENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment _____

Do you have a history of violence or aggression?	PAST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CURRENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment _____

Do you have a history of offending/pending court cases?	PAST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CURRENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment _____

Do you have a history of drug or alcohol abuse?	PAST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CURRENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment _____

Do you live alone? Please give details Yes No
 e.g. with partner, parents/guardian, relatives/friends, homeless

Do you have children at home? Yes No
 Please give details

Do you have any medical/health conditions? Yes No
 Please give details

Emergency Contact Person (if appropriate): _____ **Relationship** _____
Address: _____ **Post Code:** _____
Tel No: _____ **Mobile No:** _____

ETHNICITY White Black Asian Mixed Other _____

Signature: _____ **Date:** _____

<small>For Office Use</small>	<small>APPOINTMENT DETAILS</small>
DATE RECEIVED _____	DAY AND DATE _____
FUNDING SOURCE _____	TIME _____
SERVICE USER CODE _____ <small>(office staff to complete this)</small>	VENUE _____
	STAFF/VOL NAME _____

Renfrewshire Association for Mental Health (RAMH) operates a confidential and secure service and is registered under the Data Protection Act. We may use written records to enhance the service we provide. Some of the information you provide may be processed by computer. You may have access to information you provide in accordance with Data Protection and Access to Personal Files legislation and RAMH Code of Confidentiality.