One to One Project
Counselling • Mentoring • Group Work
Registered charity no. 299052

Nelson House
Bergen Way
North Lynn Industrial Estate
King's Lynn
PE30 2DE
Tel. 01553 770770
**www.onetooneproject.com**

# Health Professional Referral Form **(Please complete all boxes and attach risk assessment. Incomplete forms will be returned.)**

| | | | |
|---|---|---|---|
| Which service is your client interested in? | Counselling ☐ Mentoring ☐ Group work ☐ Not sure ☐ | | |
| **Client Details**: | | | |
| Name: | | Date of Birth: | DD / MM / YYYY |
| Address: | | Male ☐<br>Female ☐<br>Other ☐ | |
| Post Code: | | | |
| **How would the client like us to contact them?** | | | |
| Landline Number: | | Please provide all contact details and state client's preferred method of contact. | |
| Mobile Number: | | | |
| Email Address: | | | |
| Please tick (a), (b), (c) if you **do not** give permission. | a) leave a message with someone answering their phone ☐<br>b) leave a message on client's answering machine ☐<br>c) send reminders via text message to mobile tel. no. ☐ | | |
| **GP's Details** | | | |
| GP Name: | | Prescribed medication: | |
| Practice Address: | | | |
| Practice Tel No: | | | |
| Please list any other services the client is currently receiving (e.g. psychological/psychiatric services) | | | |
| Please provide information about any past support from mental health services? | | | |
| **About your client** | | | |
| What are the client's current difficulties? | | | |

| Summary of Risk Assessment:<br>*Include protective factors and contingency plan as appropriate (Please note that the One to One Project is not a crisis service)* | Date of assessment: |
|---|---|
| Does the client have difficulties with alcohol and/or non-prescribed drugs?<br>*If yes, please give details:* | Yes ☐ No ☐ |
| What does the client want to achieve with the support of the One to One Project? | |
| What is the nature of your involvement with this case? | |
| **Please outline any specific needs which we may have to be aware of:** | |
| Language? | |
| Cultural? | |
| Access? | |
| Disability? | |
| Other? | |

| **Wellbeing and Mental Health Service Referrals only** | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MHCT Scores: | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | A-J | 9 | 10 | 11 | 12 | 13 | A | B | C | D | E |

| | |
|---|---|
| Cluster number: | Date of assessment: |
| Risk assessment completed? Yes/No | Date of risk assessment: |
| Key Worker:<br>Telephone: | On CPA? Yes/No<br>Discharged form NSFT? Yes/No Date Discharged: |

| Name and address of Referrer: | Telephone:<br>Email: |
|---|---|
| Signed: | Date: |

To view the One to One Project's privacy notice and to find out how we use the information you have provided, please visit http://www.onetooneproject.com/wp-content/uploads/2018/06/Privacy-Statement.pdf