**Referral form “LET’S TALK” Project**

The Let’s Talk service offers six sessions of 1:1 support, however unlimited access to outdoor activities and group sessions.

Please complete and return form to:[***bchft.letstalk@nhs.net***](mailto:bchft.letstalk@nhs.net)or contacton **01922 608500**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 1: Client Details (client and referrer to complete)** | | | | |
| Full name |  | | Title (Mr, Mrs, etc.) |  |
| Date of Birth |  | Gender |  | |
| Address  Postcode |  | | | |
| RIO ID Number |  | NHS Number |  | |
| Telephone |  | Mobile |  | |
| Email |  | Employment status |  | |
| Health Issues/Disability |  | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 2: Initial contact** (client and referrer to complete) | | | | | | | | | |
| I have been well informed of what the Lets Talk service offers (please tick) | | | | | | | Y/N |  | |
| I consent to the Lets Talk service initiating contact with me via (please tick below) | | | | | | | | | |
| Mobile |  | Landline |  | Text Message |  | Email | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 3: Details of Referrer** (referrer to complete) | | | | |
| Referrer Name |  | Organisation/Team |  | |
| Role |  | Base |  | |
| Email |  | Telephone |  | |
| Date of referral |  | Consent gained  from client to be contacted | Yes | No |
|  |  |

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| --- | --- | --- | --- | --- | --- |
| **Section 4: Additional Information** (referrer to complete) | | | | | |
| Any risks identified (historical/current)? | Y/N |  | Risk assessment completed on RIO? | Y/N |  |
| Reason for Referral (Group sessions/1:1/outdoor activities/ confidence, etc) | | | | | |
|  | | | | | |
| **Any other information (**Risks/Safeguarding/Communication adaptations, etc.) | | | | | |
|  | | | | | |