**The referral form is intended for external frontline workers who wish to request a service offered by SOAR for their client. Note: All fields are required unless indicated as optional (\*)**

**This form should be completed and emailed to** **enquiries@soarcommunity.org.uk**

**1.Client Contact Information**

|  |  |  |
| --- | --- | --- |
| **Name** | First |  |
| Last |  |
| **Contact** | Home |  |
| Mobile |  |
| Email\* |  |
| **Address** |  | Postcode:  |
|  **Date of Birth** |  |
| **Registered GP Surgery** |  |

**2.Client Area of Support**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Support Areas****(tick if applicable)** | **Work, volunteering & learning** |  | **Healthy Lifestyles** |  | **Social Networks** |  |
| **Housing** |  | **Benefits** |  | **Debt** |  |
| **Emotional Wellbeing** |  | **Families & Parenting** |  | **Other (please specify)** |  |
| **Please state reason for referral.** (please provide as much information as possible, as this will help us decide on the best form of support we can offer) |   |
| **Non-English Speaker (tick if applicable)** | Yes | No | If yes please state primary language |
| **Has the client accessed SOAR services before?** | Yes | No | Not sure/prefer not to say |

**3. Referring Organisation**

|  |  |
| --- | --- |
| **Organisation** | (please state):  |
| **Contact** | Name |  |
| Role |  |
| Tel |  | Email  |  |
| **Please contact a member of the referring organisation before contact with client is made.**  | Tick if applicable. |  |
| **Please confirm that the client has given specific consent (inc verbal) to be referred to the relevant SOAR services and approved referral partners** **Note: Without patient consent this referral cannot be assessed and will be returned to referring staff.** | Tick if applicable. |  |
| **Referral Date** **(please confirm date of referral)** | Date: / / / |

**4. Client Eligibility Criteria**

|  |  |
| --- | --- |
| **Will See clients who are:*** Socially isolated
* Mild-moderate mental health issues
* Long term conditions
* Frequent attenders to GP/A&E
* Struggling to access /navigate local and city-wide services.

Staff can refer to the following service areas based on client need & wishes:* Work, Volunteering & Learning
* Healthy Lifestyles
* Social Networks
* Housing
* Benefits
* Debt
* Emotional Wellbeing
* Families & Parenting
* Other (please state).

*Note:** *One or more service support area/s can be selected*
 | **Won’t See clients:*** Who are under 18
* Who are experiencing acute episodes of psychosis and not receiving support
* With primary issues of drug and alcohol misuse and not receiving support
* Who are a threat to themselves or others
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