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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **UMBRELLA WELLBEING SERVICE-REFFERAL FORM**  **\* (Please note we can only accept 18 years old and above) \*** | | | | | | | | | | |
| \* Please see guidance on reverse \* | | | | | | | | | | |
| Self-referral  Agency referral | | | | | Is the client aware of the referral? \**(Please note referral cannot be accepted without agreement) \** Yes  No | | | | | |
| How did you hear about Umbrella? | | | | |  | | | | | |
| Is the client working with any other services?  ***\*(Please note, if the client is working with another Mental Health service, we are NOT able to accept) \**** | | | | | Yes  No  *\* (If yes, please give details below)* | | | | | |
|  | | | | | |
| **Client details:** | | | | | | | | | | |
| First name: |  | | Surname: | | |  | | | **Date of Birth:** |  |
| NHS Number: |  | | Gender: | | | **Male  Female  Non-Binary  Prefer not to say** | | | | |
| Home address: | | | | | | **GP name & address:** | | | | |
|  | | | | | |  | | | | |
| Post code: | |  | | | | Post code: | |  | | |
| Mobile number: | |  | | | | GP Phone number: | |  | | |
| Landline number: | |  | | | |  | |  | | |
| Are we ok to leave a voicemail? | | **Yes  No** | | | | **Is an Interpreter required? Yes  No  *\* (If yes then please state what language) \**** | | | | |
| **What is the reason for the referral to Umbrella? *\* (Please provide detailed information of the client’s needs) \**** | | | | | | | | | | |
| \* Please describe your / the client’s current mood or emotions \* | | | | | | | | | | |
|  | | | | | | | | | | |
| \* What support would you / the client like to get from the service? \* | | | | | | | | | | |
|  | | | | | | | | | | |
| **Please give details of any previous suicide attempts/current thoughts of self- harm and known risks?** *\* (Please note that clients with current suicidal thoughts/ideations are NOT eligible for the Umbrella Service) \** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Does the client have any mobility issues or any relevant additional information?** | | | | **Referring Agency Details:** | | | | | | |
| **Yes  No *\* (If yes please give details) \**** | | | | **Referrer’s name:** | | |  | | | |
| **Agency:** | | |  | | | |
| **Contact number:** | | |  | | | |
| **Email address:** | | |  | | | |
| **\*Guidance for you to read \*** | | | | | | | | | | |
| Umbrella wellbeing Service provides short-term wellbeing support for individuals aged 18 and above living in Barnsley. Our main goal is to enhance emotional wellbeing and help individuals overcome their emotional challenges.    While we are unable to address intense physical, mental trauma, extreme emotional distress, our service offers valuable emotional support for conditions like mild depression and/or anxiety.  Our aim is to create a safe and supportive environment where individuals can work through these challenges and improve their overall wellbeing.  If you feel the individual is experiencing mild to moderate anxiety and/or depression, any other stress related problem or specific phobia’s they can self-refer to Barnsley Talking Therapies on 01226 644900 or visit the website at: [NHS Barnsley Talking Therapies (barnsley-talkingtherapies.nhs.uk)](https://barnsley-talkingtherapies.nhs.uk/)  When referring a client to our services, it would greatly assist us if you could enquire about their current emotional state. It's crucial we approach mental health assessments with empathy and sensitivity. To get a preliminary understanding of whether someone could benefit from mental health support, there are a few general questions you can ask. These questions aim to assess their overall well-being and provide initial insights.  Here is an example of one such question (although any of the following information would be helpful for their assessment): "How have you been feeling lately?"   * Have you noticed any significant changes in your mood or emotions? * Are you experiencing any persistent feelings of sadness, hopelessness, or emptiness? * Are you feeling overwhelmed or excessively stressed? * Have you been finding it difficult to concentrate or make decisions? * Have you noticed any changes in their sleeping patterns, such as insomnia or excessive sleep? * Have you lost interest in activities you once enjoyed? * Have you had thoughts of harming themselves or others? * Have you noticed any changes in their appetite or weight loss or gain? * Have you been experiencing frequent physical symptoms such as headaches, stomach-aches, or fatigue/excess tiredness? | | | | | | | | | | |
| \*These questions are not meant to replace a professional assessment but can serve as a starting point for discussing their mental health concerns. \* | | | | | | | | | | |
| \*Important\* Humankind Umbrella Wellbeing Service uses this information about you to support you if you access the service. By filling out this form, you are aware that we use your information in accordance with this service’s privacy information. You can object to use using your information by contacting the project | | | | | | | | | | |