



A: Arts Network
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NEW MEMBER REFERRAL

Please read and complete, ALL sections of the referral in BLOCK CAPITALS in BLUE or BLACK ink.
This referral must be completed by A MENTAL HEALTH PROFESSIONAL with signed consent of the client.
Incomplete referrals may not be considered and will incur a delay in processing.

MISSION STATEMENT

Arts Network provides an inspirational and understanding environment for people with mental health support needs. Through creative activities, exhibitions and events we help people to learn new skills, increase self-confidence and develop relationships, allowing them to achieve their personal goals.

We constantly seek to battle stigma and discrimination by presenting our work and practice to medical practitioners, key stakeholders and the general public.

DETAILS OF MENTAL HEALTH PROFESSIONAL REFERRING CLIENT

Name and Position _____

Name of Practice / Organisation _____

Practice Address _____

Postcode _____ Telephone (inc ext) _____

E-mail _____

Will you be attending the initial visit to Arts Network with your client? Y / N

CURRENT PROVISIONS

Please give details of any support provisions currently in place for the applicant, either from yourselves or third parties.

We will contact you to let you know we have received your referral within two weeks.
At this time, we may ask for additional information.

CLIENT / REFERREE DETAILS

Name _____ D.o.B _____

Address _____

Borough _____

Postcode _____ Telephone (inc ext) _____

Mobile _____

E-mail _____

FURTHER CONTACT

We will need to contact the applicant in order to arrange a visit. Please indicate appropriate means of contact.

Telephone? Y / N

May we leave a message? Y / N

Mobile? Y / N

May we leave a message? Y / N

GP DETAILS

NAME _____

ADDRESS OF PRACTICE

POSTCODE _____

TELEPHONE _____

EMERGENCY CONTACT

NAME _____

RELATIONSHIP TO CLIENT

TELEPHONE _____

MOBILE _____

CPN (if applicable)

NAME _____

EMAIL _____

TELEPHONE _____

MOBILE _____

If we are concerned for your health or wellbeing, we may contact any of the professionals named in this document. Wherever possible, we will inform you before we do this.

SAFEGUARDING INFORMATION

In line with our safeguarding procedures, we require the following information

Client's Current Mental Health Diagnosis _____

When was the diagnosis made? _____

By whom? _____

Any other diagnosed conditions affecting general health? Y / N

Please specify _____

Is the client currently taking any prescribed medication for their Mental Health?

Please provide details and dosage:

Is the client currently taking any prescribed medication for their General Health?

Please provide details and dosage:

Has your client ever been hospitalised due to ill mental health Y/N

If yes, please provide the date and details of their admissions?

ADDITIONAL INFORMATION

Known triggers: Y / N

Suicide attempts: Y / N

History of drug/alcohol misuse: Y / N

History of self harm: Y / N

Suicidal thoughts: Y / N

Violent tendencies: Y / N

If you have answered YES to any of the above, or you have any additional information. Please provide details below.

(use additional paper if necessary)

DECLARATION

This information is confidential and will not be shared by Arts Network

Mental Health Professional

To the best of my knowledge, the information I have given is correct

Print _____

Sign _____

Date _____

Client

I agree to my details being shared with Arts Network

Print _____

Sign _____

Date _____

WHAT HAPPENS NOW?

Mental Health Professional

Post the completed document to the address on page one.

Or scan and email it to info@artsnetwork.org.uk

We will contact you to let you know we have received your referral within two weeks.

If any sections are not completed we will contact you for details which will delay the referral process.

Client

We will contact you to arrange a time and a date for you to visit to Arts Network.

If we are unable to contact you within four weeks we will be unable to process your referral.

If you do not attend your scheduled visit to Arts Network, your referring Mental Health professional will be notified and advised on how you might be referred again in the future.