

**Complex Emotional Needs Peer Support Referral Form**

Please email referral to: Cenps@kcmind.org.uk or make an enquiry at 020 8964 1333.

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| **REFERRER’S DETAILS** |
| **Date of referral:** |  |
| **Organisation:** |  |
| **Address:** |  |
|  |  |
| **Postcode:** |  |
| **Referrer’s name:** |  |
| **Email:** |  |
| **Contact number:** |  |

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| **INDIVIDUAL’S DETAILS** |
| **Surname:** |  |
| **First Name(s)** |  |
| **Address:** |  |
|  |  |
| **Postcode:** |  |
| **DOB:** |  |
| **Email:** |  |
| **Contact number:** |  |

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| **Has the person given consent to this referral?** | YES/NO |

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| **Reason for referral (current difficulties/circumstances)** |
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| **Mental health support needs, including diagnosis** |
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| **To help us manage risks:** |  |
| **History of self-harm in last 12 months** | YES/ NO |
| **History of violence towards others** | YES/ NO |
| **Forensic history** | YES/ NO |
| **History of drug/alcohol misuse** | YES/ NO |
| **Safeguarding, including bullying**  | YES/NO |
| **Risk assessment available on Systm1** | YES/NO |

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| **Any other information that may be relevant:** |
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| --- | --- |
| **Name:** |  |
| **Position:** |  |
| **Signed:** |  |
| **Date:** |  |

**We will respond to your referral within 5 working days.**