**MyEnds Homecooked Emotional Support Referral Form**

**Contact No: 02038379418**

**Email: cami.manea@mih.org.uk**

. All information given will be kept confidentially and anonymously and will only be used to produce statistics about our services.

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| **About you** | | | | | | | | | | | | | | | | |
| **Date today:** | | | Office use:  **Date received:** | | | | | | | | | | Office: | | | |
| **\*Name & Surname:** |  | | | | | | | | | | | | | | | |
| **\*Age & Date of Birth:** | Age: | | | DOB: | | | | | | | | | | Prefer not to say | | |
| **Gender** | Male  Other | | | | Female  Prefer not to say | | Intersex | | | | | | | | Non-binary | Transgender |
| **Do you live in Haringey?** | Yes | | | No | | | | | | | | | | | | |
| **\*Mobile:** | | | **Tel:** | | | | | | | | | | **Email:** | | | |
| **\*Address:**  **Postcode:** |  | | | | | | | | | | | | | | | |
| **How did you find out about MyEnds Homecooked emotional support program?** | Word of mouth (friends, family)  Social Media  I was referred here  Haringey website  Other (please detail): | | | | | | | | | | | | | | | |
| **Have you ever been diagnosed with or sought treatment for any of the following mental health conditions?**  Tick all that apply. | Anxiety  Bipolar disorder  Depression  Obsessive compulsive disorder  Post-traumatic stress | | | | | | | | | | Psychosis  Schizophrenia  Prefer not to say  Other (please detail): | | | | | |
| **Would you be able to describe the main problems occurring for you at the moment?** |  | | | | | | | | | | | | | | | |
| **Do you have an idea of what could have started it or contributed to your problems?** |  | | | | | | | | | | | | | | | |
| **What is the main area of your life you would like to work on?** |  | | | | | | | | | | | | | | | |
| **How are your relationships with family & friends?** |  | | | | | | | | | | | | | | | |
| **Do you live with parents/on your own/in-care? How is it?** |  | | | | | | | | | | | | | | | |
| **Do you have any access needs that we should know about?** | Interpreter required  Mobility restricted (ground floor appointments only)  Reading/writing asssistance required  Other (please detail): | | | | | | | | | | | | | | | |
| **Do you consider yourself to have a disability?**  Tick all that apply. | A specific learning difficulty  such as dyslexia, dyspraxia or AD(H)D  General learning disability (such as Down’s syndrome)  A social/communication impairment such as Asperger’s syndrome/other autistic spectrum disorder  A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy  A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches | | | | | | | | Deaf or serious hearing impairment  Blind or a serious visual impairment uncorrected by glasses  A disability, impairment or medical condition that is not listed above  Other (please detail):  No known disability  Prefer not to say | | | | | | | |
| **Ethnic origin:** | **Asian**  Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background (please detail)  **Black**  African  Caribbean  Any other black background (please detail)  **Mixed / multiple ethnic groups**  White & Black Caribbean  White & Black African  White & Asian  Any other (please detail) | | | | | | | | | | **White**  English / Welsh / Scottish / Northern Irish  Irish  Gypsy or Irish Traveller  Any other white background (please detail)  **Other Ethnic Group**  Arab  Any other ethnic group (please detail) | | | | | |
| **Religion or belief:** | Buddhist  Christian  Hindu  Jewish  Muslim | | | | | | | Sikh  Other (please detail):  No religion  Prefer not to say | | | | | | | | |
| **Sexual orientation** | | Asexual  Bisexual  Gay man  Gay woman / lesbian | | | | Heterosexual  Other (please detail):  Prefer not to say | | | | | | | | | | |
| **Next of kin contact details:** | | Name:  Address: | | | | | | | | | | Contact number:  Email: | | | | |
| **Referral completed by:** | |  | | | | | | | | | | | | | | |
| **Do you give us permission to share your information with other professionals?**  **i.e. to find NHS number.** | | Yes | | | | | | | | No | | | | | | |

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| **Privacy / Confidentiality and Data Protection:**  We only pass on these numbers to our funders and not names or personal data. These forms will be collected and stored in our offices in Haringey. Information will only be shared within the guidelines of Mind in Haringey Privacy, Confidentiality policy, in line with our funders’ requirements and as stated in the 1998 Data Protection Act. Our filing cabinets are kept locked and our computers are password protected.  Haringey Council holds and processes personal information about residents and service users so that we can deliver and manage the services we provide to you. We hold any personal information you give us – whether online via e-forms or through other means - securely and will only use it for council purposes. We will only share your information where that is necessary to deliver the services, we provide to you; |
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