|  |
| --- |
| **OFFICE USE ONLY** |
| Date: |        |
| Staff: |        |
| Client ID: |        |

## saheliya logo jpegPlease consult with person before making referral. We endeavour to follow up referrals within 3 weeks.

**SAHELIYA REFERRAL FORM**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |        |  | Ex-user |  Yes | [ ]  |  No | [ ]   |
| Address: |       |  |  |  |  |   |
|   |       | Postcode: |       |
| Tel: |       | Email: |       |
| Mobile: |       | N.I.N.: |       |       |       |       |        |
| How to contact: | Phone: |  [ ]  | Message: |  [ ]  | Post: [ ]  | Email: [ ]  |

|  |
| --- |
| **Further Information:** |
| Client DOB: |        |
| Ethnicity: |        |
| Nationality |        |
| Religion: |        |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Available Support:** None | [ ]   | Husband |  [ ]  |  Child(ren) |  | [ ]   |  |   | **Marital Status:** |
| In-laws | [ ]   | Sibling(s) | [ ]   | Friend(s) | [ ]   | Other  |  | [ ]   |  |   |       |
|  |  |
| **Languages Spoken:** |
| **Availability:** | **Notes:** | **Child Name:** | **M/F** | **Child Surname:** | **DOB:** | **Crèche**  |
| **MON** | am |  [ ]  | pm |  [ ]  |        |        |  |        |        |  [ ]  |
| **TUES** | am |  [ ]  | pm |  [ ]  |        |        |  |        |        |  [ ]  |
| **WED** | am |  [ ]  | pm |  [ ]  |        |        |  |        |        |  [ ]  |
| **THURS** | am |  [ ]  | pm |  [ ]  |        |        |  |        |        |  [ ]  |
| **FRI** | am |  [ ]  | pm |  [ ]  |        |        |  |        |        |  [ ]  |

|  |  |
| --- | --- |
| **In case of emergency, please contact:** | Name:       |
| Relationship:  |       | Tel:      |   |
| **My GP is Dr.:** |       | Tel:      | Med. Centre:      |
| Address: |        |  |   |
| Medication(s): |       |
|  |  |  |  |  |  |  |  |  |  |  |
| **Occupational Status:** |  |  |  |  |  |  |  |  |  |  |
| **Student:** | Full-time | [ ]  | Part-time | [ ]   | Secondary School  | [ ]   |  |  |
| **Unemployed:** | Jobseeker | [ ]  | Homemaker |  | Employed: | Full Time | [ ]  | Part-Time | [ ]  |
| **Current Occupation:** |        | **Former Occupation:** |        |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Recommendation** | [ ]   | **Referral** |   [ ]  | Made by: |        | Relationship: |        |
| Address: |        | Tel.No.: |        |
|       |       |       |       |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Service Request:** | Group Work [ ]  |  | Counselling | **[ ]** | Comp. Therapies | **[ ]**  |  |   |
| Learning Centre | [ ]  |  Young Saheliya |  [ ]  |  1:1 support | [ ]  |  |  |  |
| **Other Request:** | Home visit | [ ]   | Hospital Visit |  [ ]  | Which Hospital?       |

|  |  |  |
| --- | --- | --- |
| **Other Organisations Involved:** | (ex. Shakti, Social Work, Shelter, etc.) |        |
|        |

|  |  |  |
| --- | --- | --- |
| **DATE:** |        | ***(If necessary, please continue notes on page 2)*** |
| **Please Return Form to:** | Saheliya, 125 McDonald Road, Edinburgh, EH7 4NW. **Email:** info@saheliya.co.uk |
|   |   | **Tel:**  | 0131 556 9302 | **Fax:** | 0131 476 8429 |

|  |  |
| --- | --- |
| **ADDITIONAL NOTES:** |        |
|        |
|        |
|        |
|  |
|  |
|  |
|  |
|   |
|        |
|        |
| **Risks Identified?** | No |  [ ]   | Yes | [ ]  |  Please Specify: |         |
| Child Protection | [ ]  | In Crisis | [ ]  | Client's Safety [ ]  | Suicidal | [ ]  |  |  |   |
| **Actions Recommended/Taken:** |       |
|        |

**For Saheliya Staff Only Below This Line:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Psychological Health** |  |  |  |  |  |  |  |  |  |
| Stress | [ ]   |   | Eating Disorder |  [ ]  | Alcohol | [ ]   | Low Mood |  [ ]  |
| Anxiety | [ ]  |  | Depression |  [ ]  | Flashbacks  | [ ]  | Trauma |  [ ]  |
| PND | [ ]  |  | Bereavement |  [ ]  | Panic Attacks | [ ]  | PTSD |  [ ]  |
| Phobias | [ ]  |   | Other:      | Self Harm | [ ]  | Drugs |  [ ]  |
|   |   |   |   |   |  |  |  |  |  |  |  |
| **Welfare & Wellbeing** |   |  |  |  | **Immigration** |
| Parenting  | [ ]   |   | Domestic Violence | [ ]  | Employability | [ ]   |  | Asylum Seeker |  [ ]  |
| Carer  | [ ]  |  | Coercive Control | [ ]  | Career Issues | [ ]  |  | Refugee |  [ ]  |
| Child Concerns | [ ]  |  | Financial Problem | [ ]  | Separation | [ ]  |  | Trafficking |  [ ]  |
| Racism | [ ]  |  | Concern for other | [ ]  | Divorce | [ ]  |  | Slavery |  [ ]  |
| Bullying | [ ]  |  | Academic Issues | [ ]  | Advocacy | [ ]  |  | Case Pending |  [ ]  |
| Cyber Bullying |  [ ]  |   | Housing Issues | [ ]  | Other:      |   |  | Spousal Visa |  [ ]  |
|  |  |  |  |  |  |  |  |  | Sponsor  |  [ ]  |
| **Physical Health** |  | **Culture/Community** |  |  | **Barriers** |  |  |  |  |  |
| Insomnia |  [ ]  |  | Community Rel/ship | [ ]   |  | Isolation |  [ ]  |  | **Legal/Forensic** |  |  |
| Hypersomnia |  [ ]  |  | Marital Rel/ship | [ ]  |  | Religious Divorce |  [ ]  |  | Child Custody |  [ ]  |
| Nightmares |  [ ]  |  | Family Rel/ship | [ ]  |  | Language Support |  [ ]  |  | Immigration |  [ ]  |
| Aches & Pains |  [ ]  |  | In-law Abuse | [ ]  |  | Low Confidence |  [ ]  |  | Court Involvement |  [ ]  |
| Low Appetite |  [ ]  |  | FGM | [ ]  |  | Life Transitions |  [ ]  |  | Comm. & Lawyer |  [ ]  |
| Dementia |  [ ]  |  | Forced Marriage | [ ]  |  | Practical Support |  [ ]  |  | Legal Repres/tion |  [ ]  |
| FGM symptoms |  [ ]  |  | Identity Issues | [ ]  |  | Literacy Issues |  [ ]  |  | Legal Aid |  [ ]  |
|  |  |
| **Please specify any further notes/issues here:** |        |
|        |
|       |
|        |
|        |

**SAHELIYA STAFF ONLY- CONSENT:** I have explained to the Referred Person about Saheliya’s Confidentiality and Record Keeping policies and she acknowledges this by singing below/I initial on her behalf in her presence:

(Client) (Saheliya Staff) (Date) .