|  |  |
| --- | --- |
| **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: |  |

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| **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:** | | | **Name of School** |
| **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.: | |  |
|  |  | | | | | |  | |  |

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| **Service Request:** | Group Support | |  | Counselling | | |  | Comp. Therapies | | |  |  |  | |
| Learning Centre |  | Young Saheliya | | |  | Befriending | | |  | 1:1 support | |  | |  |
| **Other Request:** | Home visit | |  | Hospital Visit | | |  | Which Hospital? | | | | | | |

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

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| --- | --- | --- | --- | --- |
| **DATE:** |  | ***(If necessary, please continue notes on page 2)*** | | |
| **Please Return Form to:** | St Rollox House, 130 Springburn Road, Glasgow G21 1YL | | | |
| **Tel:** 0141 5526540 | **Email**: admin.glasgow@saheliya.co.uk | |  |  |

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

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **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:** | | | |  | | | | | | | | | | |
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**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) .