Please consult with person before making referral. We endeavour to follow up referrals within 3 weeks.

SAHELIYA REFERRAL FORM

OFFICE USE ONLY
Date:
Staff:
Client ID:

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) ☐
In-laws ☐ Sibling(s) ☐ Friend(s) ☐ Other ☐

Marital Status:

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.:

Service Request: Group Support ☐ Counselling ☐ Comp. Therapies ☐
Learning Centre ☐ Young Saheliya ☐ Befriending ☐ 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: St Rollox House, 130 Springburn Road, Glasgow G21 1YL
Tel: 0141 5526540 **Email**: admin.glasgow@saheliya.co.uk

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					
Parenting	☐	Domestic Violence	☐	Employability	☐
Carer	☐	Coercive Control	☐	Career Issues	☐
Child Concerns	☐	Financial Problem	☐	Separation	☐
Racism	☐	Concern for other	☐	Divorce	☐
Bullying	☐	Academic Issues	☐	Advocacy	☐
Cyber Bullying	☐	Housing Issues	☐	Other:	

Immigration	
Asylum Seeker	☐
Refugee	☐
Trafficking	☐
Slavery	☐
Case Pending	☐
Spousal Visa	☐
Sponsor	☐

Physical Health	
Insomnia	☐
Hypersomnia	☐
Nightmares	☐
Aches & Pains	☐
Low Appetite	☐
Dementia	☐
FGM symptoms	☐

Culture/Community	
Community Rel/ship	☐
Marital Rel/ship	☐
Family Rel/ship	☐
In-law Abuse	☐
FGM	☐
Forced Marriage	☐
Identity Issues	☐

Barriers	
Isolation	☐
Religious Divorce	☐
Language Support	☐
Low Confidence	☐
Life Transitions	☐
Practical Support	☐
Literacy Issues	☐

Legal/Forensic	
Child Custody	☐
Immigration	☐
Court Involvement	☐
Comm. & Lawyer	☐
Legal Repres/tion	☐
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)_____