



in partnership with



## JourneyMEN Referral Form

Your information is being collected and stored by JourneyMEN CIC and may be shared with authorised agencies to fully provide you with support and guidance. In all cases we will ensure your data is treated in the strictest of confidence in line with current GDPR. By completing this form you understand and consent to the information being collected and stored by JourneyMEN CIC and agree and understand this may be shared with other appropriate agencies. You can withdraw consent for information to be held at any time by notifying JourneyMEN CIC verbally or in writing.

<b>Client Details</b>	
<b>Full Name:</b>	
<b>D.O.B.:</b>	
<b>NHS No:</b>	
<b>Address:</b>	
<b>Contact Phone No:</b>	
<b>Email Address:</b>	
<b>Client GP Details</b>	
<b>Name of GP:</b>	
<b>Surgery or Practice:</b>	
<b>Contact Phone No:</b>	
<b>Client's Next of Kin / Emergency Contact Details</b>	
<b>Full Name:</b>	
<b>Relationship to client:</b>	
<b>Address:</b>	

<b>Contact Phone No:</b>	
<b>Details of any additional support services being used</b>	
<b>Organisation Name:</b>	
<b>Support Worker Name:</b>	
<b>Contact Phone No:</b>	
<b>Email Address:</b>	

**Details relating to any risks of self-harm, including self-neglect & suicide**

Please check any boxes that apply to the statements below and provide more details.

Thoughts of self-harm:	<input type="checkbox"/>	<b>More details:</b>
Self-harmed in last 6 months?	<input type="checkbox"/>	
Self-harmed in last 12 months?	<input type="checkbox"/>	
Any suicidal behaviours/attempts?	<input type="checkbox"/>	
Any self-neglect?	<input type="checkbox"/>	

**Additional Potential Risks**

Please check any boxes that apply to the statements below and provide brief details.

Alcohol misuse?	<input type="checkbox"/>	<b>Brief details:</b>
Drug misuse?	<input type="checkbox"/>	
Self-harm?	<input type="checkbox"/>	

	<input type="checkbox"/>
Suicidal thoughts?	<input type="checkbox"/>
Suicide attempts?	<input type="checkbox"/>
Mental Health?	<input type="checkbox"/>
Aggression/Violence?	<input type="checkbox"/>
Anti-social Behaviour?	<input type="checkbox"/>
Harassment of others?	<input type="checkbox"/>
Gambling issues?	<input type="checkbox"/>
Sexual Offender?	<input type="checkbox"/>
Victim of sexual assault?	<input type="checkbox"/>
Victim of sexual offending?	<input type="checkbox"/>
Adverse Childhood Experiences?	<input type="checkbox"/>

**Support Needs**

**Brief description and details of mental health support needs:**

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<b>Description of any other diagnosed health conditions:</b>
<b>Details of all prescription medications being taken:</b>
<b>Do you consider yourself to be disabled – if so, please give brief details below:</b>

<b>About You (The Client)</b>	
<b>Have you ever served for a day or more in the Armed Forces or Reserves?</b>	Yes      No
<b>What are your strengths (skills, talents, aspirations, or goals)?</b>	
<b>What are your interests/hobbies?</b>	
<b>Are you a carer or have carers responsibilities?</b>	
<b>How did you hear about JourneyMEN?</b>	

<b>Client Demographic Monitoring Information</b>			
We gather this information to ensure we can align the delivery of our service to your needs.			
Please check the boxes that apply to the statements below in relation to the client.			
<b>Gender:</b> Male <input type="checkbox"/> <input type="checkbox"/> Non-binary <input type="checkbox"/> Other Transgender <input type="checkbox"/> <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	<b>Marital/Relationship:</b> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Living with <input type="checkbox"/> partner <input type="checkbox"/> In a relationship <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	<b>Sexual Orientation:</b> Heterosexual/Straight <input type="checkbox"/> Homosexual/Gay <input type="checkbox"/> <input type="checkbox"/> Bisexual <input type="checkbox"/> Asexual <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	

<p><b>Religion/ Belief:</b></p> <p>Christianity <input type="checkbox"/></p> <p>Muslim <input type="checkbox"/></p> <p>Buddhist <input type="checkbox"/></p> <p>Hindu <input type="checkbox"/></p> <p>Jewish <input type="checkbox"/></p> <p>No Religion, affiliation or belief <input type="checkbox"/></p> <p>Atheist <input type="checkbox"/></p> <p>Prefer not to say <input type="checkbox"/></p>	<p><b>Ethnicity:</b></p> <p>Asian or Asian British <input type="checkbox"/> Further Details:</p> <p>Mixed or Multiple ethnic groups <input type="checkbox"/> Further Details:</p> <p>Black, African, Caribbean, or Black British <input type="checkbox"/> Further Details:</p> <p>White British, or White other <input type="checkbox"/> Further details:</p> <p>Any other ethnic group <input type="checkbox"/> Further Details:</p>
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**Details of Person Making Referral (if not the client)**

<b>Organisation Name:</b>	
<b>Name of referrer:</b>	
<b>Position:</b>	
<b>Contact Phone No:</b>	
<b>Email Address:</b>	

**Any further supporting information, or reasons for referral:**  
Please give a brief description. You may be contacted for further information if needed.

**Any further details not already recorded above:**

Thank you for taking the time to complete this form to allow JourneyMEN CIC to keep our records up to date with all necessary information in relation to the support we provide for our clients. By submitting this form, you are declaring you have authority to disclose the information contained and are confirming all of the details provided are to the best of your knowledge true and accurate.

For CWP NHS referrals ONLY please send the form to: [cwp@journeymencic.com](mailto:cwp@journeymencic.com)

**All other referrals please return the completed form by email or by post to:**

**By email to: [enquiries@journeymencic.com](mailto:enquiries@journeymencic.com)**

**Or by post to: JourneyMEN CIC  
56 Chester Street  
Birkenhead  
Wirral  
CH41 5EA**



**[www.journeymencic.com](http://www.journeymencic.com)**