**The Dahlia Project Referral Form**

**For Office Use Only: Case No.: For NHS Clinic: Y/N Waltham Forest or Wembley**

 **Area of London: N, NW, NE, E, W, S, SW, SE**

**personal Details**

Date of referral: Client consented to referral: Y / N

Name: Date of Birth:

Address: Contact telephone number:

Postcode: Contact email address:

Ethnic Origin: Preferred language:

Religion: GP details (name, clinic, number):

Household status:

If disabled, please give details:

Brief details of any previous or current mental illness/involvement of mental health/support services:

Availability - times/days in the week **not** available to attend appointments:

**Emergency Contact/Next of Kin:**

Name: Relationship: Contact number:

**Reason for referral**

How are you hoping the Dahlia Project will help?

**Child Care**

Childcare needed?

How many children?

What are the ages of children?

Do you already use a registered childminder?

**Referrer Details (if not a self- referral)**

Name: Position:

Contact telephone number: Contact email address: