

Referral form “LET’S TALK” Project

The Let’s Talk service offers six sessions of 1:1 support, however unlimited access to outdoor activities and group sessions.

Please complete and return form to: bchft.letstalk@nhs.net or contact on **01922 608500**

Section 1: Client Details (client and referrer to complete)			
Full name			Title (Mr, Mrs, etc.)
Date of Birth		Gender	
Address			
Postcode			
RIO ID Number		NHS Number	
Telephone		Mobile	
Email		Employment status	
Health Issues/Disability			

Section 2: Initial contact (client and referrer to complete)			
I have been well informed of what the Lets Talk service offers (please tick)			Y/N
I consent to the Lets Talk service initiating contact with me via (please tick below)			
Mobile		Landline	
		Text Message	
		Email	

Section 3: Details of Referrer (referrer to complete)			
Referrer Name			Organisation/Team
Role			Base
Email			Telephone
Date of referral			Consent gained from client to be contacted
		Yes	No

Section 4: Additional Information (referrer to complete)

Any risks identified (historical/current)?	Y/N		Risk assessment completed on RIO?	Y/N	
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Reason for Referral (Group sessions/1:1/outdoor activities/ confidence, etc)

Any other information (Risks/Safeguarding/Communication adaptations, etc.)