

## Lewisham Adult Mental Health Services Community Opportunities Service Referral Form

### Service User Information

Name:					
Address:				Post Code:	
Tel No:		Marital Status:		Male	Female
Date of Birth:		Ethnicity Code: (see guidance)			
CPA Status Standard:	Enhanced:	Status Unknown:	Not on CPA:		
Is service user aware of referral? Yes:		No:			

### Referrer Information

Name of Referrer:		Date of Referral:
Address:		
		Post Code:
Tel No:		
Team/Organisation:		
Team:		

### Key Contacts

### Contact Details e.g; Tel No.

Care Co-ordinator	
Psychiatrist	
G.P.	
Carer/Chosen contact	
Other	

### Background Information

This form has been kept brief on the basis that more detailed assessment information will be attached. This needs to include details of psychiatric history, social circumstances, housing etc. Please indicate what form of information has been provided:

1. CPA Care Plan <input type="checkbox"/>	3. Discharge Summary <input type="checkbox"/>
2. C.M.H.T. Assessment <input type="checkbox"/>	4. Other <input type="checkbox"/>

### Risk Factors

**Please attach risk assessment documentation if you have answered YES to any of the following:**

	Yes	No		Yes	No
1. Self harm or suicide attempts:			4. Drug, alcohol/substance misuse:		
2. Actual or threatened violence:			5. Racial/sexual/or other harassment:		
3. Relevant previous conviction:			6. Serious behavioural problems:		

## Reasons for Referral

Please indicate whether intervention is required in any of the following areas:

Please see attached guidance notes for further information.

1. Exploring personal goals, interests and potential (Note 1)

2. Developing social networks (Note 2)

3. Assessing or developing independent living skills (Note 3)

4. Mobility issues (Note 4)

5. Guidance and support with managing own mental health issues (Note 5)

6. Developing leisure/creative interests (Note 6)

7. Accessing training/educational opportunities (Note 7)

8. Accessing employment opportunities (Tick as appropriate)  
The service user would like help with:

- An initial exploration of vocational options:
- Finding paid employment (via Sabre)
- Finding Voluntary work:
- Developing work skills:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

9. Other vocational projects

Network Arts Lewisham

GATES

<input type="checkbox"/>
<input type="checkbox"/>

Please send or fax this form to the relevant COS team (see guidance Notes) A response with the referral will be sent within seven days of receiving the form. Please remember to attach the required background information to avoid delays.

# Community Opportunities Service

## Referral form guidance notes

- Note 1. Please indicate service user's strengths, interests and aspirations, if you are aware of them. These could include both their short term and/or long term goals.
- Note 2. Examples of social networks could include making/visiting friends, family contact, using pubs/cafes, joining local club/church, evening or weekend activities with others.
- Note 3. This could include self-care, shopping with cooking home management, budgeting or using public transport.
- Note 4. This could include problems with general mobility, managing stairs, bathing and toileting or other transfers (on/off chairs, bed etc).
- Note 5. Please indicate any factors (such as concentration/energy levels, confidence/self esteem, communication, hearing voices/negative thoughts) with which the service may want help.
- Note 6. Examples of leisure/creative interests could include enabling service users to access local community facilities such as libraries, sports centres, day/evening classes, religious/cultural activities.
- Note 7. Access to training/education could include preparing service users to make use of these opportunities by exploring what is available, giving support to enrol on courses, assisting with travel to college and enabling participation in local classes.

### COS Team contact details

North	Central COS Team	South
North COS Team 32-34 Watson Street Deptford, SE8 4AU  Tel: 020 3228 1300 Fax: 020 8692 1544  <b>Team Leader:</b> Richard Mascarenhas	Central Lewisham COS Team 1 Aislibie Road Lee, SE12 8QH  Tel: 020 3228 9370 Fax: 020 8297 0603  <b>Team Leader:</b> Polly Harvey	South COS Team 200 Kirkdale Sydenham, SE26 4NL  Tel: 020 3228 8900 Fax: 020 8 659 5527  <b>Team Leader:</b> Roger Lilley

## Ethnicity Codes

WHITE		ASIAN OR ASIAN BRITISH		MIXED BACKGROUND	
British	A	Indian/British Indian	H	White and Black Caribbean	D
Irish	B	Pakistani/British Pakistani	J	White and Black African	E
English	CA	Bangladeshi/British Bangladeshi	K	White and Asian	F
Scottish	CB	Mixed Asian	LA	Black and Asian	GA
Welsh	CC	Caribbean Asian	LJ	Black and Chinese	GB
Portuguese	C4	British Asian	LH	Black and White	GC
Cypriot (part not stated)	CE	Sinhalese	LG	Chinese and White	GD
Greek	CF	Sri Lankan	LE	Asian and Chinese	GE
Greek Cypriot	CG	Tamil	LF	<b>OTHER ETHNIC GROUPS</b>	
Turkish	CH	East African Asian	LD	Chinese	R
Turkish Cypriot	CJ	Other Asian unspecified	LK	Japanese	SB
Bosnian	CT	<b>BLACK OR BLACK BRITISH</b>		Vietnamese	SA
Kosovan	CR	Caribbean	M	Filipino	SC
Albanian	CS	Black British	PD	Malaysian	SD
Serbian	CV	Algerian	PP	Arab	SG
Croatian	CU	Angolan	PJ	Iranian	SH
Traveler	CM	Eritrean	PK	Iraqi	SJ
Irish Traveler	CL	Ethiopian	PL	Middle Eastern	SF
Gypsy/Romany	CN	Ghanaian	PM	Columbian	SK
All former USSR republics	CQ	Nigerian	PC	Ecuadorian	SL
Other former Yugoslavia	CW	Somali	PA	Other Latin American	SM
Kurdish	C5	Sudanese	PH	Any Other Group	SE
Other white/mixed European	CY	Ugandan	PQ	Not stated	Z
Other White unspecified	C3	Other African	N		
		Mixed Black	PB		
		Other black unspecified	PE		