**Service Introduction Form**

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| **Section One: Client Details** | | | | | | |
| **Full Name:** |  | | **Introduction Date:** | |  | |
| **Contact address:** |  | | **Postcode:** | |  | |
| **Contact number(s):** |  | | **Email (if known):** | |  | |
| **Ethnicity:** |  | | **Gender:** | |  | |
| **Date of birth:** |  | | **NHS number (if known):** | |  | |
| **GP Practice:** |  | | | | | |
| **Preferred contact:** | Letter  Phone  Email  Text | **Will they accept voicemails?** | | | | Yes  No |
| **Preferred language if not English:** |  | | **Has person accessed Linking Leeds before?** | | Yes  No | |
| **introduction Source:** | GP Practice  Self  Other Professional  Third Party  CMHT  Carer | | | | | |
| **Do they have any specific communication/physical support requirements that would prevent you from communicating or accessing our service? (clients are normally seen in their GP surgeries)** | YES  NO | If ‘YES’, please specify below? | | | | |
|  | | | | |
| **Details of referrer if not client.** | Name:  Position:  Contact details:  Time known client: | | | Are we able to contact you for further information regarding this referral? | | |
| Yes  No | | |
| **Is the person being introduced aware of the introduction and provided their verbal consent to the introduction?** | | | | Yes:  No: | | |

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| **Section Two: Reason for introduction** | | | | |
| **Primary reason** (select only one that applies) | | | **Secondary reasons** (select as many that apply) | |
| Feeling stressed or anxious/Needing emotional support | |  |  | |
| Feeling lonely or isolated | |  |  | |
| Need advice on health, housing or finance issues | |  |  | |
| Want to find out about local groups and activities | |  |  | |
| Need support on physical health inc. mobility and getting more physically active | |  |  | |
| **Brief description of reason(s) for Introduction as well as any specific preferences for introduction:** | | | | |
|  | | | | |
| **Section Three: Risk** | | Please indicate any perceived risk associated with the client | | |
| **Risk** | **No risk/ Low** | **Medium** | **High** | **Not known** |
| To Staff |  |  |  |  |
| To Self |  |  |  |  |
| Domestic Violence/abuse |  |  |  |  |
| Offending/criminal convictions |  |  |  |  |
| Substance/alcohol misuse |  |  |  |  |
| Other Vulnerability |  |  |  |  |
| Other – Please specify: |  |  |  |  |
| **Please give further detail of risk for any areas scoring medium or high (including criminal convictions).** | | | | |
|  | | | | |

From receipt of introduction form (not introduction date) we will aim to contact the client directly within 1-2 weeks to discuss introduction form and agree an initial assessment. We may require contacting the original referrer (if not the client) prior to the client to gain further information before referral is completed. If any information is not recorded, we may decline referral and send back to original referrer.

**Please return this form to** [**linking.leeds@nhs.net**](mailto:linking.leeds@nhs.net)