**Service Introduction Form**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section One: Client Details** | | | | | | | | | | | |
| **Full Name:** |  | | | | | | | | | | |
| **Introduction Date:** |  | | | | | | | | | | |
| **Contact address:** |  | | | | | | **Postcode:** | |  | | |
| **Contact number(s):** |  | | | | **Email (if available):** | | |  | | | |
| **Ethnicity:** |  | | | | **Gender:** | | |  | | | |
| **Date of birth:** |  | | | | **NHS number (if known):** | | |  | | | |
| **GP Practice:** |  | | | | | | | | | | |
| **Preferred contact:** | Letter  Phone  Email  Text | | | | | | | | | | |
| **Preferred language if not English:** |  | | | | | | | | | | |
| **Do you have any specific physical support requirements that would prevent you from seeing us at your GP practice?** | YES  NO | If ‘YES’, please specify below? | | | | | | | | | |
|  | | | | | | | | | |
| **introduction Source:** | GP Practice  Self  Other Professional  Third Party  CMHT  Carer | | | | | | | | | | |
| **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: | | | | | |
| **Section Two: Reason for introduction** | | | | | | | | | | | |
| **Primary reason** (select at least one that applies) | | | | | **Secondary reasons** (select as many that apply) | | | | | | |
| Feeling lonely or isolated | | |  | | Feeling lonely or isolated | | | | | |  |
| Feeling stressed or anxious | | |  | | Feeling stressed or anxious | | | | | |  |
| Need advice on health, housing or finance issues | | |  | | Need advice on health, housing or finance issues | | | | | |  |
| Need emotional support | | |  | | Need emotional support | | | | | |  |
| Want to find out about local groups and activities | | |  | | Want to find out about local groups and activities | | | | | |  |
| **Brief description of reason(s) for Introduction:** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Section Three: Risk** | | | Please indicate any perceived risk associated with the client | | | | | | | | |
| **Risk** | **No risk/ Low** | | | **Medium** | | | **High** | | | **Not known** | |
| To self |  | | |  | | |  | | |  | |
| To staff |  | | |  | | |  | | |  | |
| To public |  | | |  | | |  | | |  | |
| To property |  | | |  | | |  | | |  | |
| Substance misuse |  | | |  | | |  | | |  | |
| Offending |  | | |  | | |  | | |  | |
| Domestic abuse |  | | |  | | |  | | |  | |
| Other – Please specify: |  | | |  | | |  | | |  | |
| **Please give further detail 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 possibly initial assessment. We may contact the original referrer (if not the client) prior to the client to further discuss the referral.

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

Linking Leeds  
The Reginald Centre  
Leeds

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