



HOPE IN A CRISIS

Supporting Kirklees



Professional Referral

Date:

Name of referrer & organisation:

Contact Number:

Email:

Have you spoken to the visitor about the referral?

Has the visitor attended the café before?

Name of visitor:

D.O.B:

Address and Postcode:

Contact number:

Is the visitor known to any other services? If yes,
Which ones?

Is the visitor known as a 'frequent attender' at A&E?

Reason for Referral:

Any other relevant information including issues or risk factors such as use of alcohol or substances, health conditions, disability, history of violence, safeguarding concerns, language & communication needs.

Is there a current care/safety plan in place? If yes, can this be shared?

Gender:

Ethnicity:

NHS number (if known):

GP Name & Surgery:

Please email completed referral to
wellbeancafekirklees@touchstonesupport.org.uk