Wellbeing for Warwickshire
An open door to supporting your mental health

Community Links Referral Form

If you, or someone you know, are experiencing social isolation and/or would like one-to-one support to help access and engage in the local community, then this service may be able to help. We will work with you for up to six sessions to help you understand and achieve the goals that are important to you to maintain and/or improve your wellbeing.

Send referrals to warwksreferrals@keyring.org via a secure mail system, https://switch.egress.com/ui/registration/accountcreate.aspx

PERSONAL INFORMATION *(please complete ALL sections in full)*		
Date of referral (dd / mm / yyyy):	Do you have the client's consent to refer?:	
Title (Mr, Mrs, Miss, Ms, Dr, etc): Miss	First Name:	Surname:
Gender	Date of Birth: Age:	Ethnic Origin of Client: (White British
Email address:	Telephone No:	Mobile No:.
Address (inc post code):		
GP Name, Address and Telephone Number:		
How can our Community Links service help you to meet your Wellbeing Outcomes?		

The Community Links service is available to all individuals aged 18+ living in Warwickshire or with a Warwickshire GP ***and*** who are not eligible for social care under the Care Act 2014 or Housing Related Support Services (also individuals aged 17 years to support Care Act transitions assessments where there is an appearance of need).

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REFERRER INFORMATION *(please complete ALL sections in full)*		
Is this a self-referral? (if no please complete this section)		
Title	First Name:	Surname:
Profession:	Telephone No:	Mobile No:
Email address:		

RISK ASSESSMENT **This MUST be completed in full before a referral can be accepted** *(please continue on a separate sheet if necessary, indicating below if you have done so)*	
Is this person likely to be a risk to the staff member when visiting client's home?	Yes No
Is this person likely to be a risk to themselves?	Yes No
Is the meeting venue or environment likely to be a risk to the staff member? If yes, please state the danger.	Yes No
Will there be anyone else there when I visit? If yes, whom?	Yes No
Is there a reason that the client cannot be visited by one person? If yes, please explain the risk in full and specify alternative arrangements.	Yes No
Are there any drug and / or alcohol issues?	Yes No
Is there any history of physical aggression?	Yes No
Is there any history of verbal aggression?	Yes No
Is there any forensic history with this individual	Yes No
Are there any pets in the house? If so, what type? The client may be asked to put the pet in another room while the worker visits.	Yes No
Are there any other risk factors you think we should know about? If yes, what are they?	

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