

R&B REFERRAL FORM

Client Details:

Name: _____

DOB: _____

Address: _____

Female

Male

Postcode: _____

Telephone No: _____

Referring Agency:

Referring Agency: _____

Address: _____

Contact Name: _____

Position: _____

Telephone No: _____

Briefly explain why you would like to attend R&B?

Current medication:

Does medication cause any drowsiness, etc. during the day?

EQUAL OPPORTUNITIES MONITORING FORM

To enable Root & Branch to monitor its Equal Opportunities Policy, we would be grateful if you would answer the following questions. The information you give will only be used for monitoring purposes.

HOW DID YOU HEAR ABOUT ROOT & BRANCH?

AGE GROUP:

18 - 24 25 - 29 30 - 39 40 - 49 50 - 59 60 - 64 60+

SEX:

Female Male

ARE YOU REGISTERED AS DISABLED? YES NO

ETHNICITY (please tick)

Asian or Asian British - Bangladeshi	
Asian or Asian British - Indian	
Asian or Asian British - Other	
Asian or Asian British - Pakistani	
Black or Black British - African	
Black or Black British - Caribbean	
Black or Black British - Other	
Chinese or other ethnic group - Chinese	
Chinese or other ethnic group - Other	
Mixed - Other	
Mixed - White & Asian	
Mixed - White & Black African	
Mixed - White & Black Caribbean	
Refused	
White - British	
White - Irish	
White - other	

PARENTHOOD (please tick)

Pre-School Children in home	
School Age Children in home	

EMERGENCY CONTACT DETAILS
(private and confidential)

<p><u>YOUR DETAILS</u></p> <p>Name: _____</p> <p>Address: _____ _____ _____</p> <p>Postcode: _____</p> <p>Tel: _____</p> <p>DOB: _____</p>	<p><u>WHO IS YOUR KEYWORKER?</u> <u>(If applicable)</u></p> <p>Name: _____</p> <p>Organisation: _____</p> <p>Address: _____ _____</p> <p>Postcode: _____</p> <p>Tel: _____</p>
<p><u>WHO SHOULD WE CONTACT IN AN EMERGENCY?</u> (Please name two people if possible)</p> <p>Name: _____</p> <p>Tel: _____</p> <p>Name: _____</p> <p>Tel: _____</p>	<p><u>WHO IS YOUR GP?</u></p> <p>Name: _____</p> <p>Surgery : _____ _____ _____</p> <p>Tel: _____</p>
<p><u>DO YOU SUFFER FROM ANY MEDICAL CONDITIONS/ALLERGIES?</u></p>	<p><u>CURRENT MEDICATION</u> (if any) Please give details of any medication you are taking.</p> <p>Please note: If you are taking any medication which makes you feel drowsy during the day, or you are prescribed new medication which might have drowsiness as a side effect, it is important that you let a member of staff know straight away.</p>

WHEN DID YOU LAST HAVE AN ANTI-TETANUS INJECTION?

If over 10 years ago, we suggest you have it renewed.

WHEN YOU BECOME MENTALLY UNWELL

When some people become mentally or emotionally unwell, they appreciate particular kinds of support and assistance. We have provided the space below for you to write what kind of support you would like if you become unwell whilst you are involved with R&B. The information you provide will help us better support you whilst you are with R&B. It is however optional whether you write any information below.

If you become unwell during your involvement with Root & Branch, would you like us to take any particular action (e.g. contact a specific person)?

What kind of intervention do you find helpful when you are feeling unwell e.g. do you like to be in a quiet space; do you like to keep busy?