

**MH IDVA REFERRAL FORM**



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| **Email form to:**  | **MHIDVA@niaendingviolence.org.uk** |
| **Office Phone:**  | **020 7683 1270 Mon – Fri 10.00am – 5.30pm** |
| **MH IDVAs details** | **Saskia Bassey-Billinge:** sbassey-billinge@niaendingviolence.org.uk Mob: 07816 087447**Eirini Vounatsou**: evounatsou@niaendingviolence.org.ukMob: 07816 087451 |

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| Date of Referral  |  |
| **Referring agency / professional’s name** |  |
| Professional telephone / email  |  |
| **Service user/ patient’s Name**  |  |
| Did she consent to being referred? |  |
| Address  |  |
| Date of Birth  |  |
| Ethnic background / nationality |  |
| Sexual orientation |  |
| Religion  |  |
| Employment status  |  |
| Language/Interpreter required?  |  |
| Safe telephone number for the client (or another means by which client can be contacted)? |  |
| Is it safe to leave a message/text this number? | **YES/NO**  |
| Any safe /unsafe times to contact? | **YES/NO** | Details |
| Are there ANY children under 18 in the household?  | **YES/NO** | If so, how many? Who? |
| Has the client a MH diagnosis? | **YES/NO**  | 1. **IF YES**,which**?**
2. Which support is the patient receiving from the MHTeam?
3. Which team/ leading professional is involved? Details of involvement.
4. Is the person taking medication? If so, which?

**IF NOT,** what are the symptoms? |
| Has the client any substance use issues? | **Yes/ No** | **Details:**  |
| Any disabilities? Physical health support needs? | **Yes /No**  | **Details:** |
| Has the client any suicidal ideation/ past attempts on her life/ self -harm? | **Yes/ No** | **Details:** |
| Other professionals involved? E.g. Social Care, Police | **YES/NO**  | **Details of other professionals involved:** |
| **Reasons for referral:** **Details of domestic abuse /incident disclosure.**  |
| **Details of perpetrator of abuse:** | **Name & DOB:** |
| Relationship  |  |
| Do they live together? |  |
| Actions taken following disclosure. |  |
| Safeguarding completed? | **YES/NO**  | **YES:** Date / Outcome**NO:** Reasons |

Please send completed referral to: MHIDVA@niaendingviolence.org.uk