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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CONFIDENTIAL** | | | | | | | | | | |
| Today’s date: | | | Client requested support: ❑Yes❑ No | | | | | | | |
| CLIENT INFORMATION | | | | | | | | | | |
| Client’s forename/s: | | | | Client’s Surname: | | | | | | |
| Birth date: | | Age: | | Gender: ❑ Male ❑ Female ❑ Transgender ❑ Other ❑ Prefer not to say | | | | | | |
| Address: | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | Post Code: | |
| Primary Contact Number: | | | | | Email address: | | | | | |
| Relationship to deceased: | | | | | | | | | | |
| Reason for referral:  Any previous experience of counselling?  Any previous psychiatric diagnosis, mental health treatment or special needs?  Any episode of suicidal thoughts or any attempts made?  **Service needs:**  ❑ Counselling ❑ Group Support ❑ Advice and Information  Referred to service area:  Date referred: | | | | | | | | | | |
|  | | | | | | | | | | |
| DECEASED INFORMATION | | | | | | | | | | |
| Name: | | | | | Date of death: | | | | | |
| Circumstances of death: | | | | | | | | | | |
| Address: | | | | | | | | | | |
|  | | | | | | | | Postcode: | | |
| Referrer details | | | | | | | | | | |
| Name: | | | | | | | | | | |
| Address: | | | | | | | | | | |
|  | | | | | | | | Postcode: | | |
| Relationship to client: | | | | | | | | | | |
| Telephone no.: | | | | | | Email: | | | | |
| GP details if different from above: | | | | | | | | | | |
| Name: | | | | | | | | | | |
| Address: | | | | | | | | | | |
|  | | | | | | | | Postcode: | | |
| Telephone no.: | | | | | | Email: | | | | |
| **Please indicate Client’s Ethnicity** | | | | | | | | | | |
| ❑ Asian British Bangladeshi  ❑ Asian British Indian  ❑ Asian British Pakistani  ❑ White & Asian | ❑ Asian British  ❑ Other Asian Background  ❑ Black British African  ❑ Black British Caribbean | | | ❑ Black British Somali  ❑ White and Black African  ❑ White and Black Caribbean  ❑ Other Black Background  ❑ Black British  ❑ Other Mixed background | | | ❑ White British  ❑ White Irish  ❑ White Lithuanian  ❑ White Polish  ❑ White Romanian  ❑ White Bulgarian | | | ❑ Gypsy/Traveler  ❑ Other White background  ❑ Chinese  ❑ Vietnamese  ❑ Other  ❑ Not Known  ❑ Not Asked |
| **PLEASE INDICATE CLIENT’S RELIGION** | | | | | | | | | | |
| ❑ Buddhist  ❑ Sikh | ❑ Christianity  ❑ Muslim | | | ❑ Hindu  ❑ Other | | | ❑ Jewish  ❑ Prefer not to say | | | ❑ No Affiliated Religion Background |
| **PLEASE INDICATE CLIENT’S DISABILITY** | | | | | | | | | | |
| ❑ Deafness /partial loss of hearing  ❑ Blindness /partial loss of sight | ❑ Learning Disability  ❑ Learning Difficulty | | | ❑ Physical Disability  ❑ Developmental disability Other | | | ❑ Long Term Illness  ❑ Other | | | ❑ Prefer not to say  ❑ No |
| **PLEASE INDICATE CLIENT’S SEXUALITY** | | | | | | | | | | |
| ❑ Heterosexual | ❑ Bisexual | | | ❑ Gay | | | ❑ Lesbian | | | ❑ Other  ❑ Prefer not to say |
| **PLEASE INDICATE CLIENT’S PREGNANCY CARER?** | | | | | | | | | | |
| ❑ Pregnant | ❑ On Maternity Leave | | | ❑ Returning from Maternity Leave | | | ❑ Other | | | ❑ Yes  ❑ No |
| PLEASE POST or EMAIL TO: | | | | | | | | | | |
| **ADDRESS**: 655 Barking Road, London, E13 9EX **TEL**: 0207 510 1081 / 0207 510 4268  **EMAIL**: [referral@mithn.org.uk](mailto:referral@mithn.org.uk) | | | | | | | | | | |
| **FOR BEREAVEMENT SERVICE USE ONLY:** Logged: Initial Assessment: Volunteer assigned: Referred to Advice and information:  Referred to group support: | | | | | | | | | | |