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| **Your Details**  |
| Date |  |
| Name |  |
| AddressPostcode |  |
| Phone number |  Can we leave a message? Yes No  |
| E-mail address |  |
| Age |  |
| Date of birth |  |
| Gender |  |
| Language spoken |  Interpreter needed |
| Household details | Lives alone Lives with relatives/partner Shared accommodation Has dependent children |
| Details of mental health |  |
| Agencies involved | Are there any other agencies or people helping you? |
| (GP, Psychiatrist, CPN- Community Psychiatric Nurse, Social Worker etc) |  |
| Known risk to self or others |  |
| What would you like Manchester Mind to help you with? |  |
| Any other details |  |
| **Referrer details fill in this section if you are completing this form for someone else** |
| Name of Referrer  |  |
| Organisation |  |
| AddressPostcode |  |
| Phone Number |  |
| E-mail address |  |
| **Service requested** |
| **Which CYP service/s would you like to refer to?**  Advice or Casework Volunteering Counselling x Mentoring  |

***Please return this form by post to CYP, 709 Stockport Road, Manchester M19 3AG***

***or by e-mail to counselling@manchestermind.org***

***Please phone if you require assistance on 0161 221 3054***