



## Liverpool Light Crisis Service Referral Form

Your information is being collected on behalf of Liverpool Adult Services and Health and may be shared with authorised agencies in order to fully provide you with support and guidance .In all cases we will ensure your data is treated in the strictest of confidence .

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I understand and consent to my information being collected by Liverpool Light

I understand that I can withdraw my consent at any time by notifying Liverpool Light

Tick box here

<b>TITLE</b>		<b>FORENAME</b>	
<b>SURNAME</b>		<b>ETHNICITY</b>	
<b>MARITAL STATUS</b>		<b>SEXUAL ORIENTATION</b>	
<b>ADDRESS</b>		<b>GENDER</b>	
<b>POSTCODE</b>		<b>DOB</b>	
<b>TELEPHONE</b>		<b>GP SURGERY</b>	
<b>EMAIL</b>		<b>GP CONTACT NUMBER</b>	

### Details of referrer:

<b>NAME</b>	
<b>RELATIONSHIP</b>	
<b>TEL</b>	
<b>EMAIL</b>	
<b>SERVICE &amp; POSITION (if applicable)</b>	

**Brief description of support needs:**


**Current Psychiatric Problems:**


**Details of potential risks:**

Alcohol misuse		Sexual offending		Self-harm	
Drug misuse		Anti-social behaviour		Mental health issues	
Aggression / violence		Suicidal thoughts		Victim of domestic violence	
Harassment to others		Suicide attempts		Victim of sexual assault	
Victim of harassment		Gambling issues		Other	

**Please give details of any potential risk/s:**



**Risk of Self harm, including self-neglect & suicide:**

Self-harmed in last 6 months?	More detail:	
Self-harmed in last 12 months?	More detail:	
Was the attempt planned?	More detail:	
Thoughts of self-harm?	More detail:	

**Any Further Details:**


***“I can confirm that all details given in this form are, to the best of my knowledge, true and accurate.”***

Client signature		Date	
Referrer signature		Date	

Please return the completed form to us by email or by post.  
 liverpool.light@creativesupport.org.uk  
 (FAO: Liverpool Light), Liverpool Links, 181 -185 London road, L3 8JG

