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| Arc Centre and Gallery  Unit 33M, Vauxhall Industrial Estate  Greg St, Reddish, Stockport SK5 7BR  t: 0161 480 7731 | e: [info@arc-centre.org](mailto:Info@Arc-Centre.org) | Arc_logo_3x4.jpg |

# Arc Referral Form

Please indicate which programme you would like to refer into (please refer to pack information for more details on each programme):

🞏 12-week Community Outreach Programme 🞏 6-month Challenge Programme

## Section 1 - Referred Person’s Details

Name: Phone No:

Address: Date of birth:

Age:

Email:

Key Worker: G.P:

Psychiatrist: Consultant:

Care plan: Yes / No **If Yes, please attach a copy of the Care Plan with this application**

Mental Health Symptoms / Diagnosis:

How does the referred person manage their symptoms?

Physical Health Diagnosis:

Please list any prescribed medication:

## Section 2

What would the referred person like to get out of the course?

How do you see Arc assisting your referred person in addition to or beyond the course?

How does the referred person respond to a group scenario?

What other services / activities is the referred person regularly involved with?

How long have you worked with the referred person?

Please use this space for additional comments that would be of help

## Section 3 - Safety Profile

* Please carefully assess and answer the following questions about the referred person.
* When YES is answered please give details including dates.
* Please note: historical refers to over 6 months ago.

### Have they expressed:

Intent to harm self? 🞏 Yes 🞏 No

Current

Historical:

Intent to commit suicide? 🞏 Yes 🞏 No

Current

Historical:

Intent to harm others? 🞏 Yes 🞏 No

Current

Historical:

Non-compliance of medication? 🞏 Yes 🞏 No

Current

Historical:

Use of recreational drugs? 🞏 Yes 🞏 No

Current

Historical:

Excessive use of alcohol? 🞏 Yes 🞏 No

Current

Historical:

Inappropriate Sexual Behaviour 🞏 Yes 🞏 No

Current

Historical:

# All identified risks must be disclosed before any service is offered.

## Section 4 - Referrer’s Details

Your Name:

Professional role:

Email address:

Your Agency:

Address:

Contact number:

## Emergency Contact

Name:

Number:

Date: Signature

Please complete all sections above and e-mail the referral form and related information to:

[referrals@arc-centre.org](mailto:referrals@arc-centre.org)

or post to:

Referrals

Arts for Recovery in the Community

Unit 33M, Vauxhall Industrial Estate

Greg Street

Reddish

Stockport SK5 7BR

# All information on this form is strictly confidential