



# 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?

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Physical Health Diagnosis:

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Please list any prescribed medication:

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## Section 2

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

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

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How does the referred person respond to a group scenario?

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

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How long have you worked with the referred person?

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

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### 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.

**Please complete referrers details on next page.**



## 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

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