# Arc Referral Form

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

**10-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:**_____

**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:** _____

Has the referee agreed for you to share the information you have provided on this form? **YES / NO**

**Date** _____ **Signature** _____

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

**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