**INTERAL USE ONLY**

Date of completion:

Completed by:

Entered on KIND:

**ENQUIRIES / REFERRALS – EXTERNAL**

**Phone: 01429 269303 Email:** **information@letsconnect-eng.co.uk**

**All data is kept, stored and deleted in line with GDPR regulations**

|  |
| --- |
| Does the client work for the NHS / or have been a front line or key worker during COVID-19: Yes/No |
| **PERSONAL & CONTACT DETAILS** |
| Title: |  | Full Name: |  |
| Address: |  | Postcode: |  |
| Date of Birth: |  | Landline Number: |  |
| Mobile Number: |  | May we leave a message on these numbers? |  Y/ N Notes: |
| E mail Address: |  | How do you prefer to be contacted? | PhoneEmailPost |
| Emergency Contact  | Details e.g. Next of Kin |  |  |
| Name: | Relationship: | Contact Address: | Contact Number: |
|  |  |  |  |
| Consent to speak to family or organisations regarding sessions | Name:  | Relationship/Organisation: |  |
| Live in Partner | Yes / No | Carer (not including child) | Yes / No F/T P/T |
| Dependent Children | Yes / No Number: | Gender Identity: |  |
| Sexuality: |  | Ethnicity: |  |
| Disability Status:  |  | Vaccinated against Coronavirus : | Yes / No |
| Risk & Safety |  |  |  |
| Harm to Self: Harm to Others:Harm from Others: |  |  |  |
| G.P. Details |  |  |  |
| G.P. Name |  | G.P. Address |  |
| Referrers Details: |  |  |  |
| Name: |  | Address: |  |
| Telephone No: |  | Referral agreed with client: | Yes / No |
| Service: |  |  |  |
| Reason for Referral:**If the person requires any help with Trauma, please refer to IMPACT on Teesside or Talking changes**  |  |  |  |