



Evening Sanctuary Introduction Form

Part 1: to be filled in by the referrer	
Customer Details	
Name: _____ Date of Birth: _____	Gender: (Please circle) Male Female
Address: _____ Borough: Lambeth/Southwark (Please circle)	New customer YES/NO
	Email: _____
	Tel/mobile: _____

Ethnicity:			
White British		Mixed Other Mixed background	Asian or Asian British Bangladeshi
White Irish		Black or Black British African	Other Asian
White Other		Black or Black British Caribbean	Other Ethnic Group Vietnamese
Mixed White & Black Caribbean		Black or Black British Other	Other Ethnic Group
Mixed White & Black African		Asian or Asian British Indian	Other / Unknown (please specify below)
Mixed White & Asian		Asian or Asian British Pakistani	

Referral details						
Name of referrer: _____ Referring organisation: _____	Referral date: _____ Referral time: _____					
Contact number: _____	Contact e-mail: _____					
Referral agency (Please Tick)						
St George's	St Thomas's	Kings College	24 Hour Crisis Line	Solidarity in a Crisis	CMHT	GP
The Maudsley	Look Ahead	Lambeth Hospital	Street Triage Team	Living Well Network	HTT	Other

Risk (please delete YES/NO as appropriate)
Has the client any history of suicide attempts/overdoses? YES/NO If yes provide details and include recent dates if known:

Risk section continued

Has the client any history of self-harm? **YES/NO**
If yes provide details:

Does the client have a history of violent or aggressive behaviour, sexually inappropriate behaviour? **YES/NO**
If yes, provide details **including dates** of incidents and convictions for violent or sexual offences:

Does the client have a history of alcohol or substance misuse? **YES/NO** If yes provide details (i.e. frequency/ use):

Are there any other risks posed by or to the client? **YES/NO**
If yes give details:

Please use additional sheets if required.

Part 2 – to be completed with the client/referrer

What would you like support with?

Are there any signs or triggers that indicate your mental health is deteriorating?

Are you currently experiencing suicidal thoughts? **YES/NO**

Do you have any cultural, religious or spiritual needs relevant to using the service?

Do you have any physical health needs relevant to using the service?

Do you agree to be referred to the Sanctuary?
YES/NO

Do you have a care plan? **YES/NO**

Do you have somewhere to sleep tonight?
YES/NO

Are you aware that the Sanctuary closes to users at 1.30am?
YES/NO

I consent to Mosaic Clubhouse staff collating and storing information about me and when appropriate, sharing keeping and receiving information with other key people providing me care service.

Signature:

Date:

Please be aware, we cannot process this application without all relevant sections being completed.