



# Mind Doncaster

## Confidential Referral Form

<p>If you are completing this form on behalf of someone else, please add your details:</p>	<p>Name:</p> <p>Phone number:</p> <p>Can we leave voicemail? Yes      No</p> <p>Email address:</p> <p>Organisation:</p> <p>Relationship to the person you are referring:</p>
Name:	
Address:	
Postcode:	
Date of birth:	
Gender:	
Home phone:	
Mobile phone:	
Email:	
<p>What service would you like to refer to? (please tick)</p>	<p>Adult (18+ years) therapy</p> <p>CYP (11-17 years) therapy</p> <p>Couples/family therapy</p> <p>Bereaved by suicide</p> <p>Adult (18+ years) mentoring</p> <p>CYP (11 – 25 years) mentoring</p> <p style="text-align: right;">(continued)</p>

	<p>Adult (18+ years) peer support, wellbeing activities &amp; guided learning</p> <p>Settle (migrant support)</p>
Please tell us a little about what has led you to seek support from us.	
Please tell us how we might help you.	
Do you currently have any other support (friends, family, professionals)?	
How did you hear about the service?	
Is there anything else you would like us to know?	
By signing this box you consent to your information being stored and used for provision of support by Doncaster Mind.	<p>Signature:</p> <p>Date:</p>

Please return this form to us at:  
Doncaster Mind, Exchange Buildings, 35 Market Place, Doncaster DN1 1NE

Or

Email it to us at [office@doncastermind.org.uk](mailto:office@doncastermind.org.uk)