



## CAPE REFERRAL FORM

### WHO IS CAPE FOR?

Adults in the London borough of Ealing who experience severe and enduring mental ill health.

#### CAPE provides two services:

1. Outreach service
2. Recovery Centre

### OUTREACH SERVICE

The client will be allocated an outreach worker to support them for an initial 6 months. This service will also entitle the client to access our Recovery Centre, café, volunteering, work placement opportunities and attend all groups.

The Outreach service is for individuals who are:

- Initially unable/unwilling to engage with Cape's Recovery Centre
- Socially isolated
- Experiencing crisis
- Chaotic in presentation

### CAPE RECOVERY CENTRE SERVICE

CAPE's Recovery Centre provides an accessible, safe and welcoming environment where our clients can work towards recovery, learn new skills, socialise and access Cape's range of support services. Clients can access our café, volunteering work placement opportunities and attend all groups. Clients will not have an allocated worker.

### WHO CAN REFER CLIENTS?

Any professional within secondary mental health services, eg - psychiatrists, psychologists, occupational therapists, nurses, housing support officers and community support workers.

If you have any queries please contact a member of the CAPE team on 020 8896 2552.

CAPE PROVIDES TWO SERVICES, PLEASE TICK THE RELEVANT BOX FOR WHICH SERVICE YOU REQUIRE.

OUTREACH SERVICE

RECOVERY CENTRE

ABOUT THE CLIENT

Name:

Email:

Address:

Postcode:

Telephone (home):

Telephone (mobile):

Date of birth:

Age:

Gender:

**Ethnic background**

a) White

b) Black-Caribbean

c) Black-African

d) Black-Other

e) Indian

f) Pakistani

g) Bangladeshi

h) Chinese

i) Irish

j) Other

**Housing**

a) Private owned

b) Private rented

c) Housing Association

d) Council rented

e) Supported housing

f) Hospital

g) Other (specify)

**Status**

a) UK Citizen

b) Economic migrant

c) Undocumented migrant

d) Asylum seeker

e) Refugee

F) Refused asylum

g) Other (specify)

**Sexuality:**

a) Heterosexual

b) Homosexual

c) Bi\Pansexual

d) Not specified

**Faith:**

a) Christianity

b) Islam

c) Hinduism

d) Sikhism

d) Judaism

e) Buddhism

f) Other

## ABOUT THE CLIENT'S MENTAL HEALTH HISTORY

Is the person known to have long-term mental health problems?      YES      NO

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Diagnosis:

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Date of last admission:

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Date of first contact with mental health services:

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Number of admissions in last 18 months:

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Is the person currently on section under the Mental Health Act?

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Is the person currently on a supervision register?

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What medication is the client on?

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Please give brief description of the person's current mental state?

Are there any known predictors/indicators for relapse? (If yes, please give details)

Is he/she compliant with their medication?

## **ABOUT THE CLIENT'S LIFESTYLE**

Does the client have difficulties in coping with daily living? (If yes, please give details)

Has or does the person have a history of drug and alcohol misuse? (If yes, please give details)

Does the person have a history of homelessness, insecure accommodation or housing related difficulties? (If yes, please give details)

Does the person have a history of chronic self-neglect or social isolation? (If yes, please give details)

Does the person suffer from any physical disabilities or health problems? (If yes, please give details)

## **ABOUT THE CLIENT'S INTEREST IN ACTIVITY**

Has the person expressed interest or been involved in a particular activity, past or present?

(e.g. employment, education, training, voluntary work, education, hobbies, leisure pursuits)

## ABOUT RISKS TO SELF AND OTHERS

Has the person had any contact with the police in the last 12 months? (If yes, please give details)

Does the person have any known history or conviction for arson, physical or sexual assault? (If yes, please give details)

Is/Has the person been vulnerable to racial/sexual harassment/exploitation? or any safe guarding issues (If yes, please give details)

Has the person ever acted in a way towards workers involved in their care that could be deemed as verbally or physically aggressive? (If yes, please give details)

Has the person ever had a history of self-harm or suicidal ideation? (If yes, please give details)

**NAME & TELEPHONE NUMBERS OF ANY PROFESSIONALS INVOLVED WITH THE PERSON:**

**Contact:**

**Name:**

**Telephone:**

Psychiatrist

C.P.N

Social Worker

GP

Probation officer

Housing officer

Advocate

Carer

Other

**OTHER INFORMATION**

As the referrer, please tell us what your expectations are of how CAPE could benefit your client.

As the client, please tell us what your expectations of how cape services would benefit your recovery.

**PLEASE ENSURE THAT YOU HAVE ENCLOSED A RISK ASSESSMENT AND ONE OF THE FOLLOWING REPORTS.  
PLEASE TICK:**

Psychiatric report

Social Worker report

Forensic report

Probation report

Hospital discharge report

Care Plan

## ABOUT THE REFERRER

Length of time known to client

Signed:

Name:

Address:

Post Code:

Telephone:

Mobile Number:

Email:

Date:

Please confirm details are correct, sign and return this form to:

Referrals  
CAPE  
239 a/b High Street,  
Acton,  
London, W3 9BY.