



Before you start it's important to read our Referral Guidelines, you can read them by [clicking here](#).

Date:	
Referral Source:	Client Details:
Name:	Name:
Organisation:	Address:
Address:	Phone Number:
Telephone Number:	Date of Birth:
Email:	Gender:

Why are you making this referral? What support do you hope your client will get from Aurora Project Lambeth?

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Have you identified any specific support needs for this client? Yes/ No

If yes, please supply as much detail as possible.

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Is the client currently in treatment in Lambeth for substance use? Yes / No

Please provide some information about where the client is in treatment and how long they have been in treatment.

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Please outline existing agencies involved in the care of your client.

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Does your client have any known mental or physical health issues? Yes / No

If Yes, please include as much information as possible to help us provide any additional support the client may need in attending and engaging in meetings.

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Please tell us a little more about your client. What are their hobbies and interests? What type of Peer Mentor do you think they would best engage with?

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Has the client agreed to be referred to Aurora Project Lambeth? Yes/ No

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Risk Assessment

Is there any known reason why Peer Mentors should not be alone with this client? Yes / No

Is there any known reason why a Peer Mentor should not carry out a home visit with this client? Yes/ No

If yes, please provide as much information as possible.

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A) Suicide		B) Violence	
History of suicide attempts	Yes/ No	Significant past history of violence	Yes/ No
Thoughts or plans which indicate there is a risk of suicide	Yes/ No	Current thoughts, plans or symptoms indicating a risk of violence	Yes/ No
Suffers from major mental illness (especially depression or a 'psychotic' illness)	Yes/ No	Current behaviour suggesting there is a risk of violence	Yes/ No
An expression of concern (especially from a relative or carer) about the risk of suicide	Yes/ No	An expression of concern from others about a risk of violence	Yes/ No
C) Health		D) Social	
Cognitive Impairment	Yes/ No	Currently homeless or living in unstable housing	Yes/ No
Has serious physical issues or unmet needs	Yes/ No	Problems with child care or social services	Yes/ No
E) Accidental Overdose		Regular Criminal Activity	Yes/ No
Reduced Tolerance e.g. recently released from prison, rehab, detox etc.. or recent abstinence	Yes/ No	Self Neglect	Yes/ No



Current polysubstance use	Yes/ No	Social Isolation	Yes/ No
Alcohol abuse	Yes/ No		
F) Treatment Issues			
Currently Pregnant	Yes/ No		