



Once completed please return this referral form to jenni@auroraprojectlambeth.org.uk or fax to 0207 737 4990.

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

Which Group are you referring your client to?
Book Group <input type="checkbox"/>
Art Group <input type="checkbox"/>

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

What are your client's expectations of the group and what do you hope they will gain from attending the group?

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Is there any known reason why an Aurora Project Lambeth Volunteer or Staff Member should not be alone with this client? Yes / No

If yes, please provide as much information as possible.

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		