



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:	Email:
Email:	Date of Birth:
	Gender:

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

Have you identified any specific support needs for this client? Yes/ No
If yes, please supply as much detail as possible.

140 Stockwell Road • London SW9 9QT • T 0207 733 8221 • F 0207 737 4990

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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.

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

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.

Questions for clients, to be completed before submitting referral

Please tell us a little more about yourself and what support you would like. What are your hobbies and interests? What type of Peer Mentor do you think you would best engage with? E.g. someone outgoing and fun or someone quiet and able to listen.

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

Please ask your clients to sign here to consent to being referred to Aurora Project Lambeth

Client Signature _____

Date _____

Risk Assessment

Is there any known reason why Peer Mentors 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	Yes/ No	Current behaviour suggesting there is a	Yes/ No

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(especially depression or a 'psychotic' illness)		risk of violence	
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		

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