


Richmond Fellowship Derby City Life Links

Peer Support & Recovery Service

Referral Form			
To access our 1:1 support please complete the referral form and return via email or post. If you require assistance to complete the form or have additional questions, please contact us.			
Freephone number:	0800 0322202		18001 0800 032 2202
Email:	dc.lifelinks@nhs.net	Office address:	Stuart House Green Lane St Peters Quarter Derby, DE1 1RS
Website:	www.derbylifelinks.org.uk		

Client Information			
Full name:		Date of birth:	
Contact number(s):		Current address:	
NHS number (if known):		GP name, contact number & address:	
Email address:			

Equal Opportunities Monitoring Questions			
Ethnicity:		Religion:	
Gender:		Sexuality:	

Reasons for Referral

Please tell us the reasons for the referral and any additional information you think would be helpful:

What support do you currently receive?
Include the professionals name, organisation and contact number.

Please state any additional or specific support you require:
Example- interpreter

Where did you hear about us?

Referrer Information

If you are referring someone into the service please sign to say that you have gained consent from the individual being referred. **Self referrals:** By signing below I give consent to Richmond Fellowship receiving personal information from my referral agent or any other agencies involved in my current or previous care/ support. Richmond Fellowship will handle all information in line with their Confidentiality Policy and Information Governance protocols.

Name:		Is this a self referral?	YES / NO
Signature:		Date:	

Complete if you are referring some one else: (not self-referrals)

Organisation:		Role:	
Contact number:		Email address:	

Derby's Peers Support & Recovery Service funded by:



Internal use only:			
Date received:		Date actioned:	
Assigned to:		Outcome:	
Signed:		Date:	