Please complete this referral form in full. If you would prefer not to include certain details, please feel free to state, “prefer not to say”. If you need any support doing so or would prefer to speak to a member of the team, please call 01423 814480 or email us at [JustBAdults@justb.org.uk](mailto:JustBAdults@justb.org.uk)

Alternatively, please send your completed form to [JustBAdults@justb.org.uk](mailto:JustBAdults@justb.org.uk). Should you wish to password protect your form, please do so, and notify us by email of the password. All your personal information will be held safely and confidentially. We will then get in touch to confirm that you have been added to our waiting list.

If at any time after completing the form you no longer wish to be on the waiting list, you can contact us to request for your information to be deleted from the system.

**Please mark the box to indicate that you consent for your personal information to be processed and stored by JustB  Date:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Of** | | | | | | | | | | |
| **Name:** | |  | | | **Date of Birth:** | | |  | | |
| **Preferred Name:** | |  | | | **Age:** | | |  | | |
| **What is your ethnic origin?** | | Choose an item. | | | **Language** | | |  | | |
| **How would you describe your gender?** | | Choose an item. | | | **How would you describe your sexual orientation?** | | | Choose an item. | | |
| **Do you have any communication difficulties, disabilities, or other conditions?** | | | | | | | | | | |
|  |  |  | | Yes | No |  | |  | |  |
| **If yes, please specify:** | |  | | | | | | | | |
| **Contact Details and Communication Preferences** | | | | | | | | | | |
| **Address/Postcode** | |  | | | **Email Address:** | | |  | | |
| **Tel No (Home):** | |  | | | **Tel No (Mobile):** | | |  | | |
| **Do You Consent to Being Contacted Via:**  Email  Text  Letter | | | | | | | | | | |
| **How did you hear about Just B:** | | Choose an item. | | | | | | | | |
| **If other – can you specify?** | |  | | | | | | | | |
| **Other Agencies Involved in Your Care/Support** | | | | | | | | | | |
| **GP Name/Surgery and telephone number:** | | | | | | |  | | | |
| **Current involvement with Community Mental Health Services?** | | | | | | | Yes | | No | |
| **Contact details of Care Co-Ordinator/Support worker** | | | | | | |  | | | |
| **Previous involvement with Community Mental Health Services?** | | | | | | | Yes | | No | |
| **Involvement with other services e.g. IDAS/Horizons** | | | | | | | Yes | | No | |
| **If yes, please provide details of organisation and issues/diagnosis.** | | | | | | |  | | | |
| **Are you or any member of your family currently accessing support through Social Care?** | | | | | | | Yes | | No | |
| **If yes, please supply social worker details:**  **Name:**  **Tel No:** | | | | | | |  | | | |
| **Have you ever served in the Armed Forces?** | | | | | | | Yes | | No | |
| **About The Person/People Who Have Died** | | | | | | | | | | |
| **Name of the person who died:** | |  | | | **Date of Death:** | | |  | | |
| **Relationship to you (i.e mum/ dad/ friend)** | |  | | | **Cause of Death:** | | |  | | |
| **Have you accessed support from Saint Michael’s/ Herriot/ Talking Spaces or JustB in the past?** | | | | | Yes  No | | | | | |
| **Reasons for Referral**  (Use the space below to tell us about how things are for you at the moment. It would also be useful for us to understand how you think our support could support you) | | | | | | | | | | |
| **Have you had any thoughts of self-harming or taking your own life?** | | | Yes  No | | **Do you have a plan?** | | | | Yes  No | |
| **Please note our service does have a waiting list, if you are looking for immediate support or if you are in crisis, please contact your GP. If you do not feel able to keep yourself self from harm, please speak to someone today.**  Just’B’ has an emotional wellbeing telephone support service, Hear to Help, open from 8am – 8pm seven days per week that you are welcome to call: **01423 856799** | | | | | | | | | | |
| **Appointment Type Preference**  Face to face (our offices are in Harrogate and Ripon):  Telephone  Zoom | | | | | | | | | | |
| **Appointment Times:**  We offer sessions between Monday – Thursday 9:15am – 7:15pm & 9:15 – 3pm on a Friday.  We will contact you as soon as a slot becomes available. Please note the more flexible you are the faster we will be able to match you with one of our workers. | | | | | | | | | | |

**Thank You. If you would prefer to password protect your referral please do so and notify us of the password. Your personal information will be held securely and confidentially. Please email your form to us at** [**justbadults@justb.org.uk**](mailto:justbadults@justb.org.uk)**.**

North Yorkshire Hospice Care is a registered charity in England and Wales (518905) with a family of services operating as Herriot Hospice Homecare, Just ‘B’, Saint Michael’s Hospice and Talking Spaces. North Yorkshire Hospice Care is a company limited by guarantee, registered in England and Wales (2121179). Registered address Crimple House, Hornbeam Park Avenue, Harrogate, HG2 8NA.