



<b>Date of referral:</b>		<b>Referral taken by:</b>	
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<b>Referral source:</b>				<b>Service user details:</b>	
Name:				Name:	
Address:				Address:	
Postcode:				Postcode:	
Email: (we will confirm receipt of referral via this email address)				Email:	
Tel No.				Tel No.	
Self <input type="checkbox"/>	Professional <input type="checkbox"/>	Friend/Relative <input type="checkbox"/>	Other <input type="checkbox"/>	Gender:	DOB:

<b>Reason for referral?</b>
(brief outline of reasons for Aurora assistance?)

<b>Any specific requirements/support needs identified?</b>	<b>Yes / No</b>
(Such as disabled access, childcare issues etc, If yes, please specify)	

<b>Other agencies currently involved? Yes / No</b>
(If yes, please specify)

**Is the individual currently in treatment for Substance Use? Yes / No**

(If yes, please specify)

**Any known mental/physical health issues? Yes / No**

(If yes, please specify)

**Has this individual agreed to be referred to the Aurora Project Lambeth? Yes / No  
What are the individual's expectations about Aurora Project Lambeth?**

Please note we can only work with clients who have agreed to be referred to us.

**Please tell us a little about the individual, what are their hobbies / interests? What type of Peer Mentor do you feel they would get on well with?**

**Risk Assessment**

**Any known reason for not carrying out a home visit / being alone with this individual? Yes / No**

(If yes, please specify)

<b>A) Suicide</b>		<b>B) Violence</b>	
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	Yes/ No	Current behaviour	Yes/ No

mental illness (especially depression or a 'psychotic' illness)		suggesting there is a 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
<b>C) Health</b>		<b>D) Social</b>	
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
<b>E) Accidental Overdose</b>		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		
<b>F) Treatment Issues</b>			
Currently Pregnant	Yes/ No		

### Office Use Only

Allocated to:	Date:	Registered on database:
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Please forward referral form, with copies of Risk Assessment, to:

Service Delivery Manager, Aurora Project Lambeth, 140 Stockwell Road, London, SW9 9TQ

Email: [jenni@auroraprojectlambeth.org.uk](mailto:jenni@auroraprojectlambeth.org.uk)

Fax: 02077374990

Tel: 020 7733 8221