



Reachout

Reachout requires the following information for use in an emergency and will be kept in a “locked” filing cabinet. Some of the questions may appear personal, however information is being held strictly on a need to know basis and will be confidential to staff. Its purpose is to safeguard your well being and that of others whilst in the group. If you self refer we need your permission to contact your keyworker or GP for evidence of your mental health problem.

DATE:

NAME: DATE OF BIRTH:

ADDRESS:

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POSTCODE:

TELEPHONE NO: MOBILE NO:

EMAIL ADDRESS:

CONTACT IN AN EMERGENCY

NAME:

RELATIONSHIP TO MEMBER:

TELEPHONE NO:

GENERAL PRACTITIONER (GP)

NAME:

ADDRESS:

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TELEPHONE NO:

REFERRED TO REACHOUT BY / HOW DID YOU HEAR ABOUT REACHOUT?

NAME:

JOB TITLE:

ADDRESS:
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TELEPHONE NO:

I give permission for a member of staff to contact my referrer or if I have self-referred, my keyworker or GP. I give permission for them to provide evidence of my mental health problem and comment on whether it is appropriate for me to join the Reachout groups. They may disclose any information they deem relevant to this.

SIGNATURE:

DATE:

MENTAL HEALTH PROBLEM:

ANY OTHER MEDICAL CONDITION e.g. epilepsy, diabetes, asthma, heart problems etc

PLEASE GIVE DETAILS BELOW OF ANY SIGNS THAT MAY INDICATE WHEN YOU ARE BECOMING UNWELL AND HOW BEST THE STAFF CAN SUPPORT YOU

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I give permission for a member of staff to contact the person I have indicated as my contact in an emergency, if they notice the signs I have detailed above and believe I may be at risk to myself or others

SIGNATURE:

DATE:

ANY OTHER INFORMATION WHICH YOU WOULD LIKE STAFF TO KNOW IN ORDER TO BEST FACILITATE AND SUPPORT YOU WHEN AT A GROUP

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SIGNED BY POTENTIAL MEMBER:

SIGNED BY REFERRER (If applicable):

Please return to Reachout, 2A Grosvenor Park, Tunbridge Wells, TN1 2BD