**Community Advice Links and Mental Health Support Service**

**Self-Referral Form (CALMHS)**

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| **Name:**  |  |
| **Address:**  |  |
| **Date of birth:**  |  |
| **NHS Number: *(Mandatory)*** |  |
| **Home contact number:**  |  |
| **Mobile number:**  |  |
| **E-Mail address:**  |  |
| **Preferred method of contact:**  |  |

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| **G.P. Name:**  |  |
| **Surgery:**  |  |
| **Address:**  |  |
| **Telephone:**  |  |

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| **Can you tell us a little about yourself, for example, what interests/hobbies/skills do you have? What support do you have in the community (family / friends)? How do you feel that the service can support you?** |
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| **How did you hear about our service?**  |
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| **Have you had assistance in completing this form? If so, who assisted you?** |
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| **Please forward your completed referral to:**  |
| *Referral & Outcome Officer**Independence Trust, Ground Floor, Conway House, 31 Worcester Street, Gloucester, GL1 3AJ* |
| **Or by email to:** |
| *info@independencetrust.co.uk* |