**Consent Form/Referral Form for Suicide Bereavement Service**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Client Details | | | | | |  | | | |
| Service (please tick) | |  | | 1:1 |  | | Group | |  |
| Name and surname |  | | | | | Ethnicity | |  | |
| Preferred Pronoun/Name |  | | | | | Address | |  | |
| DOB |  | | | | | Post code | |  | |
| Phone Number |  | | | | | Email | |  | |
| **Details of person making referral if not self-referral & contact email/telephone number:** | | | | | |  | | | |
|  | | | | | | | | | |
| Support network and personal info of bereaved | | | | | | | | | |
| Details of family/person to contact in case of emergency including contact numbers | | |  | | | | | | |
| GP surgery name &  contact address | | |  | | | | | | |
| Relationship to deceased | | |  | | | | | | |
| Name, age & DOB of deceased | | |  | | | | | | |
| Date of bereavement | | |  | | | | | | |
| Brief circumstances around death/other relevant information | | |  | | | | | | |

X local Mind  
Address line 1

Address line 2

Town, POSTCODE

|  |  |
| --- | --- |
| Preferred method of contact if having one to one support: | |
| Telephone | Face to face |
| Virtual (for example, Zoom) | Other. Specify: |

|  |  |  |
| --- | --- | --- |
| Administrative information: | | |
| Do you have any additional mental health and/or physical health conditions that you would like to share with us? |  | |
|  | |  |
| Consent: | |  |
| Is it ok for us to share information regarding yourself with other professionals/agencies? (if yes, please sign) | |  |
| If we believe that you may be at risk of immediate and serious harm to yourself or others we may have to involve emergency services to carry out a welfare check to ensure your safety. | | |

I consent to Norfolk and Waveney Mind holding my contact details as pertaining to the Suicide Bereavement Service only: **Yes/No**

Would you like to be kept up to date with events that Norfolk and Waveney Mind may be hosting? **Yes/No**

Your information will never be shared with third parties.

**Print name:**

**Signed:**

**Date:**