



Old Amersham Farm
 High Street
 Old Amersham
 Bucks HP7 0HR

Tel: 01494 728936
 Mob: 07837 488051
 Email: info@marescharity.co.uk

SELF REFERRAL FORM

Date of Referral:

Please note: An assessment will be carried out at Mares and a trial period of 4 weeks is to be completed before the offer of a place is confirmed.

YOUR DETAILS	
Name:	Male / Female
Date of birth:	Email:
Phone:	Mobile:
Address:	Town:
County:	Postcode:

EMERGENCY CONTACTS
In the event of an incident who should we contact? E.g. Relative; mental health or social worker, friend. Please give 2 contacts:

First Contact Name:	Relationship:
Phone:	Mobile:
Address:	Town:
County:	Postcode:

Second Contact Name:	Relationship:
Phone:	Mobile:
Address:	Town:
County:	Postcode:

GP CONTACT	
Doctor's Name:	
Surgery Address:	Town:
County:	Postcode:
Phone:	Email:

REFERRAL INFORMATION

Please tell us why you would like to come to Mares:

What do you hope to gain by attending Mares:

SUPPORT SERVICES

What other Services are currently helping you with your physical and/or mental health issues?

Organisation:

Contact Name:

Phone:

Do you have a key worker: Yes / No

May we contact him/her? Yes / No

What other groups/organisations you attend?

KEY WORKER INFORMATION

Name of Key Worker:

Job Title:

Organisation:

Email:

Phone:

Mobile:

Address:

Town:

County:

Postcode:

HEALTH CONDITIONS				
Disability Category (Please tick):	Autistic Spectrum Disorder	Mental Health	Learning Disability	Epilepsy
Diagnosis:				
Do you have any medical conditions that staff at Mares need to know about (e.g. allergies; asthma; epilepsy; etc.):				
What physical health issues may impact on your ability to undertake activities at Mares:				
How would you describe your current mental health:				
Is there anything else you think we should know:				

SIGNATURE	
Signature:	Date:

Thank you for completing this form. Please return it to the above address.

FOR OFFICE USE ONLY	
Initial visit date:	Attended: Yes / No
Assessment date:	Completed: Yes / No
Start date for 4 week trial period:	Completed: Yes / No