

Sole Survivor Referral and Data Protection

Form

Your information is being collected on behalf of Sole Survivor PTSD Support C.I.C. and may be shared with your permission in order to provide you with support, guidance and signposting to other agencies who might be able to assist you with your recovery.

In all cases we will ensure your data is treated in the strictest of confidence based on current GDPR legislation.

Self-referral or Referred by Organisation:
Referring Organisation Details (if applicable)
Organisation:
Name of Referrer:
Relationship to Client:
Referrer Telephone:
Referrer Email:
Service & Position (if applicable)
Details on any additional support services (if applicable)
Client Details
Title:
Forename:
Surname:
D.O.B:
Client Contact Details
Tel:
Mobile:
Email:

Client's Address:

Address:

Postcode:

Next of Kin Details:

Name:

Address:

Tel:

Mobile:

Email:

GP Details:

GP Name:

GP Contact Number:

Surgery:

Mental Health**Details of PTSD Diagnosis, has a formal diagnosis been made by Secondary Mental Health Services?**

Yes

No

Brief Description of Support Needs: (Friendship, Isolation Issues, etc.)**Details of any Additional Mental Health or Psychiatric Problems:** (Anxiety, Depression, Schizophrenia, etc.)

Medication for Mental Health:

Potential Risks:

- Alcohol Misuse:
- Sexual Offender:
- Self-Harm:
- Drug Misuse:
- Anti-Social Behaviour:
- Mental Health Issues:
- Aggression/Violence:
- Suicidal Thoughts:
- Victim of Domestic Violence:
- Harassment of Others:
- Suicidal Attempts:
- Victim of Sexual Assault:
- Victim of Harassment:
- Gambling Issues:
- Adverse Childhood Experiences (ACEs):
- Victim of Sexual Offending:

Please give details of any potential risk(s)

Details for additional FAMILY support:

Wife / Partner / Parents / Other

Further Details:

Self Harm & Suicidal Ideation

Thoughts of Self-harm:

Yes:

No:

Self-harmed in last 6 months: (If applicable)

Yes:

No:

Futher Details:

Self-harmed in last 12 months: (if applicable)

Yes:

No:

Futher Details:

Any recent suicidal behaviour:

Yes:

No:

Futher Details:

Any self-neglect

Yes:

No:

Futher Details:

**I understand and consent to my information being collected by Sole Survivor PTSD Support C.I.C.
I understand that I can withdraw my consent at any time verbally or in writing by notifying Sole Survivor PTSD Support C.I.C.**

I agree to my Personal Information to be shared with other agencies as per current GDPR Legislation;

Yes:

No:

“I can confirm that all details given in this form are, to the best of my knowledge, true and accurate.”

Client Signature Date.....

Referrer Signature Date

Thank you for taking the time to complete this form so we can keep our records up to date with all necessary information.

Please return the completed form to us by email

info@ptsdsupport.co.uk