

To assess the support needs of referrals, please provide the following information we will make an initial assessment of the client’s needs and make appropriate contact.

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| **Referrers details** |
| **Referrers name**  |  |
| **Job title / Organisation**  |  |
| **Contact telephone number**  |  |
| **email address**  |  |

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| **Client details** |
| **Client name**  |  |
| **Preferred pronoun** (e.g. He/Him She/Her They/Them) |  |
| **Client contact number**  |  |
| **Client e-mail address**  |  |
| **Consent to text message**  |[ ]
| **Consent to e-mail**  |[ ]
| **Consent to leave a voicemail**  |[ ]
| **Client address**  |  |
| **Client’s date of birth**  |  |
| **Sex** | Male | Female | Intersex |
| **Gender identity same as assigned at birth?**  | Yes | No: Trans M to F | No: Trans F to M | No:Nonbinary | Other |
| **Sexuality** | Lesbian | Gay | Bisexual | Heterosexual | Unsure | Prefers not to say |
| **Ethnicity**  |  |
| **Has the client given permission for Birmingham LGBT to contact them?**  | Yes | No | Please note that clients must give their consent.Failure to obtain the clients consent means that we cannot contact them. |
| **Reason for referral?***Please briefly outline the needs of the client*  |  |
| **Risks?***Are there any risks we should be made aware of before contacting this client?*  |  |

Please e-mail this form to: **substancesupport@blgbt.org** (Please password protect before sending)

To speak with a member of the team please call: **0121 643 0821**

Birmingham LGBT Centre, 38-40 Holloway Circus, Birmingham, B1 1EQ