



01227 788211
 office@takeoff.works
 www.takeoff.works

Referral Form: Peer Support Crisis Group

Date:

Client	Name:	
	NHS Number:	
	Contact number:	
	Home address:	
	In case of emergency: (phone number only)	
Referred by:	Name:	
	Email:	
	Organisation:	

Referrals can be made up to the Thursday before the Sunday group that week. Please let your client know that we will be making telephone contact before the meeting

Tick	Eligibility criteria
	Cluster group 4, 5, 6, 7, 11 or 12
	Loneliness
	Suicidal ideation
	At risk of becoming unwell over the weekend but doesn't currently come under the crisis team

Please email office@takeoff.works or phone 01227 788 211 if in any doubt about eligibility. All conversations are treated as confidential.

Reason for referral, other relevant information (including risks/triggers).

To be filled out by Peer Support Worker at Take Off:

What the client took part in/ Interactions with other people/ What they are going to do in the future (groups, activities, goals)

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