**You are requesting a referral to the Recovery Navigation service. Initial contact from the Senior Recovery Navigator will be made within 7 working days upon receipt of this referral form.**

**When complete, please send to** [sshaltd.secondstep.swasftreferrals@nhs.net](mailto:sshaltd.secondstep.swasftreferrals@nhs.net)

**The client has been informed that Recovery Navigation is provided by Second Step, in Partnership with SWASFT, and they consent to their details being shared with Second Step to facilitate an initial appointment with the Senior Recovery Navigator.**

**Referrer name:** Click or tap here to enter text. **Email:** Click or tap here to enter text.

**Contact number:** Click or tap here to enter text.

**Client Name:** Click or tap here to enter text.

**Date of Birth:** Click or tap to enter a date.

**Gender:** Male  Female  Prefer not to say  Prefer to self-describe as Click or tap here to enter text.

**Preferred Telephone Number:** Click or tap here to enter text.

**NHS Number:** Click or tap here to enter text.

**Is it safe/appropriate to leave a message?**  Phone  Email  Not appropriate

**Communications needs and preferences:**

Do you have any specific communication needs? (e.g. another language, large print, etc.)

Click or tap here to enter text.

**Are you aware if they are currently open to Secondary Mental Health Services?** Yes  No

**If yes, please provide the details:** Click or tap here to enter text.

**Details of preferred support, e.g. Mental Health coping strategies**  **,**

**Safety Planning** **, Access to local community groups or resources** **, Signposting support** **,**  **other:**

Click or tap here to enter text.

**Any identify risks:**

Click or tap here to enter text.