**Referral Template - Family Support and BSSW**

Please note that this referral form is for bereavement support for St Richards Hospice and Bereavement Support South Worcestershire (BSSW) clients. Please review our referral criteria before completing this form.

If you need any support filling out this form, our Family Support Referral Line is open Monday – Thursday, 10am-2pm.Please call us on 01905 763963 and we will support you to complete the form.

Once you have completed the form please email it to hwicb.srhfamilysupport@nhs.net You will be contacted by a member of the family support team to discuss the referral.

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

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

**What name to you like to be known by:** Click or tap here to enter text.

**Personal Pronoun:**

She/her [ ]

he/him [ ]

they/them [ ]

other not listed [ ]

Click or tap here to enter text.

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

**Your contact information** *(phone/email)***:** Click or tap here to enter text.

**Home address:**

Click or tap here to enter text.

**Main spoken language is English:**

Yes [ ]

No [ ]

If no, main spoken language

Click or tap here to enter text.

**Need an interpreter:**

Yes[ ]

No[ ]

**Do you/the person have any additional access needs that we need to be aware of?**

*(for example, hard of hearing/speech impairment/memory impairment/impaired mobility/visual impairment/neurodiversity)*

Click or tap here to enter text.

**Is this a referral for a person under the age of 18?**

Yes [ ]

Yes – name and contact detail for parent/carerClick or tap here to enter text.

No[ ]

Click or tap here to enter text.

**I am enquiring about:**

Support for myself [ ]

Support for someone else [ ]

***If you are referring someone else:***

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

**Referrer Contact Details** *(Telephone number and email):* Click or tap here to enter text.

**Referrer Job Title** *(if applicable)***:**Click or tap here to enter text.

**Referrer Organisation** *(if applicable)*:Click or tap here to enter text.

**Was the person who has died known to St Richard’s Hospice?**

Yes[ ]

No[ ]

Unknown [ ]

**Name of person who has died:**

First name:Click or tap here to enter text.

Last Name:Click or tap here to enter text.

**Bereaved person’s relationship to person who has died:**Click or tap here to enter text.

**Date and Place of death:**Click or tap here to enter text.

**Reason for referral**

Brief description of what you/the person you are referring are struggling with, and what you/they would like support with:

Click or tap here to enter text.

**Are you/the person you are referring currently accessing any other psychological or mental health support?**

Yes [ ]

No[ ]

Not known [ ]

**Is there anything else we should be aware of?**

Click or tap here to enter text.