



## Barnsley Recovery Steps - Referral Form

Address: 5/6 Burleigh Court, Burleigh Street, Barnsley S70 1XY

Tel: 01226 779066

Secure e-mail: [brs.referrals@humankindcharity.org.uk](mailto:brs.referrals@humankindcharity.org.uk)

Referrer Information		Office Use:
Date of Referral:		Date referral received:
Referred By:		/ /20
Name / Organisation / Address:		Date of Initial Screening:
Tel:		/ /20
Email:		

Client Information	
Clients Full Name	
Client D.O.B	

Address and Contacts Details	
Address (including postcode)	

Please provide details of preferred communication methods	
Mobile	
Text	
Landline	
Email	
Letter	
Voicemail	
Should someone else answer the phone are we able to say where we are calling from?	

GP Details

**Barnsley Recovery Steps Service store this information about you in order to support you if you access the service. By filling out this form, the client is agreeing for us to retain this information. You can choose at any time to have this information removed at your request to the service.**



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### Presenting Need

*Reason for initial referral to Barnsley Recovery Steps:*

*Any known Risks? (e.g. mental health, safeguarding, clinical vulnerabilities)*

*Any relevant additional information:*