



**PLEASE RETURN TO:**

Balance, Hollyfield House, 22 Hollyfield Road, Surbiton, Surrey, KT5 9AL

Email: [healthteam@balancesupport.org.uk](mailto:healthteam@balancesupport.org.uk)

**Referral Form for Balance Mental Health Employment Support Service**

Full Name:		D.O.B.:	IAPT/NHS no.:			
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>			
Address:		Gender:				
		Contact numbers:				
		OK to leave message? Yes <input type="checkbox"/> No <input type="checkbox"/>				
		Email address:				
Nature of Disability/Health problem:		GP practice details:				
		Name:				
		Phone no.:				
Employment Status:						
a) Unemployed Yes / No						
b) Having difficulty in retaining current job, due to a health condition Yes/No						
c) At risk of loosing current job Yes/No      On Sick Leave Yes/No      Disciplinary Yes/No						
Reason for referral: <i>(please give as much detail as possible about the person's current employment situation and difficulties they are experiencing)</i>						
				Name of referrer:		Telephone:
				Job title:		Email:
Team :		Date of referral:				

**For CMHT referrals we require a current Risk Assessment and Care Plan before we can process the referral.**