

Staying Well Referral Form

The completed forms should be returned to:

Brighton: stayingwell.brighton@southdown.org

Eastbourne: stayingwell.eastbourne@southdown.org

Hastings: stayingwell.hastings@southdown.org

Worthing: spft.rx2-smb-stayingwellworthing@nhs.net

Crawley: CrawleyStayingWell@RichmondFellowship.org.uk

Staying Well offers out of hours support to individuals that are struggling with their mental health.

To make a referral to Staying Well please complete and return the form below. If you prefer to give these details over the phone, please call 0800 023 6475 for East Sussex and Brighton & Hove, 01903 268107 for Worthing or 07920 387274 for Crawley.

Date of referral:					
Your details					
Your name:		Your contact number:			
Are you: Male <input type="checkbox"/> Female <input type="checkbox"/>		Your email:			
Other:		Do you have a carer?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Your date of birth:		Your Carers name:			
Your address:		Or are you a carer?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other Professionals					
Your GP name and surgery:					
Do you see any other mental health professional(s) (e.g. <i>Lead Practitioner, Psychiatrist, Support Worker</i>)? Please add their contact details if known:					
Reason for the referral					
Please select the reason(s) you would like support and any mental health needs you may have (<i>tick all that apply</i>):					
Mental Health decline	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Suicidal Thoughts	<input type="checkbox"/>
Crisis / Not coping	<input type="checkbox"/>	Depression	<input type="checkbox"/>	Self-harm	<input type="checkbox"/>
Trauma	<input type="checkbox"/>	Bereavement	<input type="checkbox"/>	Domestic Abuse	<input type="checkbox"/>
Relationship/family issues	<input type="checkbox"/>	Feeling lonely / isolated	<input type="checkbox"/>	Emotional Regulation	<input type="checkbox"/>
Housing issues	<input type="checkbox"/>	Financial issues	<input type="checkbox"/>	Work related issues	<input type="checkbox"/>
Physical health issues	<input type="checkbox"/>	Substance / alcohol issues	<input type="checkbox"/>	Autism	<input type="checkbox"/>
Neurodiversity needs	<input type="checkbox"/>	Communication needs	<input type="checkbox"/>	Other	<input type="checkbox"/>
Any additional information:					



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Data Processing Statement

Any personal information you share with the organisation providing the Staying Well service you register with will be kept secure and used in line with the General Data Protection Regulation (GDPR). It will only be looked at and used to help make sure we give you an effective service.

Some information may be shared with other support agencies to help you access further services and make sure the services you get are right for you. We can share your information without your permission if we are concerned about your safety or the safety of others, or where we are required to by law.

You can withdraw or change your agreement for the organisation providing you with a Staying Well service to hold or process your personal information at any time. You can also ask to see the information the Staying Well service provider holds about you.

Please tick to confirm that the above Data Processing Statement has been read and understood: ☐

