

Code: For use of referral coordinator

Referral Date:

## Spiritual and Pastoral Care Referral Form

### Details:

<b>First Name:</b>		<b>Surname:</b>	
<b>In-patient/ Community</b>		<b>Acute day Service</b>	<b>Clinic Name:</b>
<b>Home Address:</b>			
<b>Post Code:</b>		<b>D.O.B.</b>	
<b>Phone Number:</b>	<b>Daytime</b>	<b>Evening</b>	<b>Best time to call</b>
<b>Person's Belief:</b>		<b>Does the person have any contact with a faith community? YES / NO</b>	<b>If yes, please give details:</b>

### Referral Made By:

<b>Name:</b>		<b>Phone No:</b>	
<b>Address</b>			
<b>Email</b>			

### Reason for Referral

Reason for Support Work

### Risk

Is there any known risk to self or others that is relevant for the chaplains making visits?

## Chaplain Interventions and Date Completed

To help us monitor where our referrals come from, please tick the box that best describes the service you work for:-

Adult Mental Health (AMH)  Older Peoples Services (OPS)  Self

Voluntary Sector  Adult Social Care  Primary Care

Other

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**Please send referrals to the Spiritual and Pastoral Care Team via:-**

Post: Faith Centre - The Mount, 44, Hyde Terrace, Leeds, LS2 9LN

Phone: 0113 85 55513 (24 hr answer phone)

e-mail: [susan.nemyria@nhs.net](mailto:susan.nemyria@nhs.net)

**If you have any queries regarding referrals,  
or the Chaplaincy Team, our contact numbers are:**

**Department Secretary - 0113 85 55513 - [susan.nemyria@nhs.net](mailto:susan.nemyria@nhs.net)**

**Mount Chaplain - 0113 85 55514 - [michael.mkpadi@nhs.net](mailto:michael.mkpadi@nhs.net)**