**Anger Management Referral Form**
Sunderland Mind's primary responsibility is to offer a confidential service for users and enquirers. Sunderland Mind will only breach confidentiality where there is a duty to share information such as: - Safeguarding (Adult and Child protection), Risk to self or others, Prejudice the prevention, detection or prosecution of a serious crime.

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| Date: |  | Reason: |  |

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| Referrer:Agency:Contact details: |  |
| Full Name: |  | Preferred Name: |  | D.O.B: |  |
| GP and SurgeryName: |  | Gender: |  | Ethnicity: |  |
| Disability: |  | Perinatal: |  | Offender: |  | Learning Disability: |  |
| Veteran: |  | AsylumSeeker: |  | Refugee: |  |
| Address: |  | Telephone Numbers: |  |
| Email Address: |  | Preferred Contact Method: |  | Able to leave a message:  |  |
| Able to text: |  |
| Can staff identify themselves? |  | Consent to Share Information: |  |