**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 Surgery Name: |  | | | Gender: | |  | | | Ethnicity: |  |
| Disability: |  | Perinatal: | |  | | Offender: |  | | Learning Disability: |  |
| Veteran: |  | Asylum Seeker: | |  | | | | | 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: | | |  | | | |