



A Registered Charity & Company Limited by
Guarantee

HOUSING & SUPPORT FOR PEOPLE WITH MILD TO
MODERATE MENTAL HEALTH NEEDS

Chief Executive Officer: Mrs Sue Tagliarino, Hon. Secretary: Cathy Redman
37, London Road, Newcastle-under-Lyme, ST5 1LN.

Tel: 01782 634510 Fax: 01782 625677 email: thelymetrust@tiscali.co.uk

PERSONAL DETAILS:

Name: _____ Date of Birth: _____

Address: _____ Telephone: _____

_____ Marital Status: _____

Next of Kin: _____ Relationship: _____

Address: _____ Telephone: _____

Is contact maintained? YES / NO

PEOPLE SUPPORTING THIS PERSON:


GP: _____ Telephone: _____

Mental Health Services:
_____ Telephone: _____

Alcohol / Substance Services:
_____ Telephone: _____

Other Agencies involved (please specify):
_____ Telephone: _____

_____ Telephone: _____



DOES THE PERSON HAVE A HISTORY OF MENTAL ILLNESS? (IF SO, PLEASE SPECIFY AND DETAIL ANY CURRENT ISSUES.)

DOES THE PERSON HAVE A HISTORY OF SUBSTANCE MISUSE? IF YES, PLEASE SPECIFY AND DETAIL ANY CURRENT ISSUES.



DOES THE PERSON HAVE A HISTORY OF ALCOHOL RELATED ISSUES? IF YES, PLEASE SPECIFY AND DETAIL ANY CURRENT ISSUES.

HAS THE PERSON SHOWN ANY VIOLENT OR AGGRESSIVE BEHAVIOUR TO OTHERS? IF SO, PLEASE SPECIFY AND DETAIL ANY CURRENT ISSUES.




DOES THE PERSON HAVE ANY CRIMINAL CONVICTIONS? IF YES, PLEASE SPECIFY AND DETAIL ANY CURRENT ISSUES.

DOES THE PERSON HAVE ANY PHYSICAL ILLNESSES THAT REQUIRE ON-GOING SUPPORT? IF YES, PLEASE SPECIFY AND DETAIL ANY CURRENT ISSUES.

IS THE PERSON CURRENTLY PRESCRIBED ANY MEDICATION? IF YES, PLEASE SPECIFY

MEDICATION	DOSAGE	REASON

PLEASE USE THIS SPACE BELOW TO GIVE AS MUCH INFORMATION ABOUT THE PERSON'S MEDICAL HISTORY AS POSSIBLE – INCLUDING HOSPITAL ADMISSIONS (BOTH PHYSICAL & PSYCHOLOGICAL)



PLEASE USE THIS SPACE BELOW TO DETAIL AS MUCH FINANCIAL INFORMATION YOU FEEL MAY BE RELEVANT. PLEASE INCLUDE OUTSTANDING DEBTS, ANY BENEFITS RECEIVED, AND ANY SUPPORT WITH BUDGETING NEEDED.

PLEASE USE THIS SPACE BELOW TO DETAIL ANY SELF-HELP SKILLS THE PERSON MAY HAVE (COOKING, SHOPPING, LAUNDRY ETC.) – WHICH WILL HELP TO FIND THE MOST SUITABLE ACCOMMODATION FOR THIS PERSON.

WHAT FOLLOW UP SUPPORT WILL OTHER AGENCIES BE GIVING THE PERSON ONCE HE/SHE MOVES INTO THE LYME TRUST?

NAME: _____ AGENCY: _____

JOB TITLE: _____ TELEPHONE: _____

ADDRESS: _____ EMAIL: _____

WHERE DID YOU HEAR ABOUT THE LYME TRUST?

SIGNED: _____ DATE: _____

PRINT: _____

