



# Bromley Touch Base Easy Read Self Referral

## Form



You can use Touch Base if

- You are **over 18** years old
- You live in **Bromley Borough**
- You have a **learning disability** and **mental health needs**



You can't use Touch Base if

- You are in **crisis** or an **emergency**
- You need **medical help**



If you are **feeling unsafe** and need **urgent help**, please call **999**

# What do we offer in Touch Base?



- **6 weeks of 1 to 1 advocacy** with an advocate. This can be in person or remotely



- **A private, safe space**, to discuss your worries and what is going on for you



- Support to **understand your rights** and responsibilities



- **Peer support groups**



- **Drop in and chat sessions**



- **Signposting** to other services and support if needed

# Personal details



Name



Date of Birth



Pronouns used



Address



Telephone number or mobile



Email

# Please tick all that are correct for you



- Have a **learning disability**



- Live in **Sutton borough**



- Have **mental health needs**

# How would you like us to contact you?



Landline  
call



Mobile call



Text  
message



Email



**Tell us why you would  
like to have support  
from the Touch Base  
project**



# Risk Information

Please tick if you have any of these concerns **now or in the past**



I have thoughts or feelings of **killing myself**



I have thoughts or feelings of **hurting myself**



I have been **arrested**



I have been in **prison**



I have problems with **alcohol or drugs**



# Risk Information

Please tick if you have any of these concerns **now or in the past**



I find it hard to control my **anger or violence**



I have **restrictions** from using certain **services**



Any **other risks?**

If you **ticked yes** to any of the risks, can you **tell us more information** in the box below



# Professionals details



GP name (if you know it)



GP surgery



GP address



GP phone number



Social worker name (if you have one)



Social worker number and email



# Monitoring data (optional)



Please tell us this information **if you want to**



This information helps us make our services **as inclusive and welcoming** as possible



**Gender**



**Ethnicity**



**Religion or Faith**



**Sexuality**



# Emergency contact information



Name



Phone number



Relationship to you



Any other medical information