



# How to make a referral (for professionals)

## Eligibility

Blue Sky Trust's service is for:

- people living with HIV or their partners/close family members who are living in Tyne & Wear, Northumberland, Durham or Cumbria

## Referral

A person can self refer or be referred by a professional/agency. The referral form below sets out what we will ask. There is also information below that you may wish to use to talk to people about Blue Sky Trust.

We prefer to receive referrals by telephone, but they can also be made by post or email. Please consider the confidentiality of sensitive information.

Occasionally, we may have a waiting list due to high demand. If this is the case, we will share the waiting times with you. If we are unable to provide a service for any reason, we will try to signpost elsewhere.

## After Referral

After referral, we will contact the referred person and discuss what we have on offer and decide on next steps. If they are happy for us to stay in touch with you, we can give you updates about how they are getting on.

Castlegate  
Melbourne Street  
Newcastle  
NE1 2JQ

07989 155175  
[info@blueskytrust.org](mailto:info@blueskytrust.org)  
[www.blueskytrust.org](http://www.blueskytrust.org)



# Referrers: Information to share about Blue Sky Trust

Blue Sky Trust supports and connects people living with and affected by HIV in North East England and Cumbria.

They send out a monthly e-newsletter containing the latest information about HIV and Blue Sky Trust events.

If you think it would be helpful **to talk to someone else who is living with HIV** or you would like to **spend time with others living with HIV** in a relaxed environment, Blue Sky Trust can help you to connect either 1-2-1 or through one of their groups.

See link for more information: [www.blueskytrust.org/whats-on](http://www.blueskytrust.org/whats-on)

You may not feel ready to meet others living with HIV or you might need help overcoming a particular challenge, if so, **1-2-1 support is available from the team.**

Or maybe you would like to **help others** or **get involved** in raising awareness of HIV and tackling stigma.

You can refer yourself by calling 07989155175 or you can be referred by a professional who supports you. They are a friendly bunch and will happily chat to you about what is on offer.

Take a look at their video at [www.blueskytrust.org](http://www.blueskytrust.org)





# Referral Form

## Contact Details of Referred Person

Full Name:

They like to be called:

DOB:

Mobile:

Landline:

Email:

They have given permission to be contacted by (tick all that apply):

Email

Mobile – text

Mobile – call

Landline

Post

Other (give details):

Barriers to communication:

Notes on contacting:

Address:

Is there anything we need to know about where they live?:

Who do they live with?:

## Referrer Details

Date of Referral:

Referrer Name:

Agency:

Email:

Telephone Number:

## Background & Needs Identified

Please give detail about the referral including any background information and reason for referral.



# Referral Form

## Risk Assessment

**RISK TO SELF:** Are they at risk from any external factors/people or a risk to themselves e.g. self harm, mental health, drug & alcohol, domestic violence, vulnerabilities? If yes, please give details including any relevant history:

**RISK TO SELF:** Are they adhering to their HIV medication? Please give details including any relevant history:

**RISK TO OTHERS:** Do they pose a risk to others e.g. anti-social behaviour, violence, verbal abuse, history of offending, threat to children? If yes, please give details including any relevant history:

**RISK TO OTHERS:** Do they have children who may be at risk of undiagnosed HIV? Please give details including evidence of testing where applicable:

**CONFIDENTIALITY:** Do you have any concerns about them coming to BST groups or their ability to keep other people's information confidential? If yes, please give details including any relevant history:

**RISK TO BST STAFF:** Are there any risks to staff from them, people associated with them, the area they live, etc e.g. domestic violence, allegations? If yes, please give details including any relevant history:

Are they safe to be alone with? If no, please give details:



# Referral Form

## Health Information

Date diagnosed:

Place of Treatment:

Consultant name:

GP Name and contact details:

Professionals/agencies involved & awareness of diagnosis:

People aware of their diagnosis (family/friends):

## Significant Others

Do they have a partner? If yes, please give details:

If yes, are they living with HIV?

Do they have children?

Children's names, Date of Births and HIV status:

If they are a child, give parent/guardians name and contact details:

## Demographics

Gender:

Sexual Orientation:

Country of Origin:

Ethnicity:

Marital / Civil partnership status:

Religion or Belief:

Disability, please give details...

Employment Status: