#  **Referral form**

**Once fully completed, please return referral form to secure email:** **compass.slough@nhs.net**

(Office use only)

|  |  |
| --- | --- |
| Date of Referral |  |
| Agency Referred to |  |
| Date received |  |

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| **Referrer details** |
| Referral Source |  |
| Referrer Agency |  |
| Referrer Name |  |
| Referrer address |  |
| Referrer Tel no |  |
| Referrer Email |  |
| Reason for referral |  |
| Referral Notes |  |

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| --- |
| **Client Details** |
| Client ID | (Please leave blank) |
| Referral date\* |  |
| Title | Mr/Mrs/Miss/Ms |
| First name\* |  |
| Surname\* |  |
| Date of Birth\* |  |
| Age |  |
| Gender\* |  |
| Postcode\* |  |
| Address Line 1\* |  |
| Address line 2 |  |
| Address Line 3 |  |
| Tel Home\* |  |
| Tel Mobile\* |  |
| Email |  |
| Preferred language |  |
| Is interpreter required | Yes/No |
| Preferred Gender of Worker | Male/Female/No preference |
| Client consented for referral | Yes/No |

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| **Client Details** |
| Accommodation type |  Private tenant Homeless Council Housing Association Other |

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| **Next of Kin/Family Carer** |
| Full Name |  |
| Relationship |  |
| Address |  |
| Primary Tel Number |  |
| Alternative Tel Number |  |
| Email |  |

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| **GP Details** |
| GP Name |  |
| Surgery name |  |
| Address |  |
| Primary Tel Name |  |
| Email |  |

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| **Support required** |
| Primary Support required | Budgeting Skills/DebtDomestic ViolenceDrug / Alcohol DifficultiesMultiple Complex NeedsPhysical Health ProblemsSafeguarding Alerts /IssuesEviction / Homelessness PreventionPoor Daily Living SkillsLearning DisabilityMental Health DifficultiesWelfare Benefits / IncomeEmployment/ training/ educationOther- Please state |
| Further details of support needed |  |
| Other agencies involved | Agency |  |
| Contact details |  |
| Other agencies involved | Agency |  |
| Contact details |  |
| Please give details of any other relevant information such as cultural or faith-based needs, or interests and hobbies |  |
| If a worker of a particular gender or ethnicity is required, please give details here. This may not always be possible. |  |
| Risk assessment – is a risk assessment available from any other agency? Please give details |  |

 (Please indicate level of risk and give more detail below)

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| Risk assessment |
| Alcohol use | Low/Med/High/Not Known |
| ASB | Low/Med/High/Not Known |
| Child Protection issues | Low/Med/High/Not Known |
| Condition of property | Low/Med/High/Not Known |
| Damage to property | Low/Med/High/Not Known |
| Domestic violence | Low/Med/High/Not Known |
| Drug use | Low/Med/High/Not Known |
| Exploitation of Others | Low/Med/High/Not Known |
| Exploitation/Violence by Others | Low/Med/High/Not Known |
| Mental Health Issues | Low/Med/High/Not Known |
| Offending | Low/Med/High/Not Known |
| Pets | Low/Med/High/Not Known |
| Physical Health | Low/Med/High/Not Known |
| Risk associated with area | Low/Med/High/Not Known |
| Self-neglect | Low/Med/High/Not Known |
| Safeguarding | Low/Med/High/Not Known |
| Please give further details of any risk highlighted above. The referral will not be accepted without this information | Expandable to allow larger input |

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| **Additional Notes**Please provide any further information that you may feel is important to state for this referral |
|  |

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