

ISABELLA'S

REFERRAL FORM

Ask your professional carer (for example, your Nurse, Social Worker or Doctor) to help you complete this Referral Form. We will then contact you and arrange to meet for an informal discussion or to carry out our Assessment. This will help us decide if we can help you.

PERSONAL DETAILS (FOR PERSON BEING REFERRED)

FULL NAME:	
DATE OF BIRTH:	
CURRENT ADDRESS:	
TELEPHONE NUMBER (S):	
NATIONAL INSURANCE NO:	
MARITAL STATUS:	
GENDER:	
FIRST LANGUAGE:	
NEXT OF KIN NAME AND CONTACT DETAILS:	

DETAILS OF PROFESSIONALS INVOLVED IN YOUR CARE

NAME OF CONSULTANT/SOCIAL WORKER/KEY WORKER:

ADDRESS:

TELEPHONE NUMBER:

Risk Assessment - Complete this section and give full details. We will use the information to support you to make sure you and others are safe

10.1 Risk to self

	Current (within the last 12 months)	Past (more than 12 months ago)	Never	Further Details
Alcohol addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Illegal drug use / addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Legal highs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suicidal thoughts / attempted suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-compliance with medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Illness (e.g. allergies, diabetes, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any other risks to self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

10.2 Risk to others

	Current (within the last 12 months)	Past (more than 12 months ago)	Never	Further Details
Anti-social behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Threatening or intimidating behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drug-related offences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual offences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual offences against children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Firearms offences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Arson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Theft or burglary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical violence / assault/ABH/GBH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Racially motivated incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Criminal damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Murder or manslaughter and/or attempted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any other risks to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Details of any risks to staff visiting you at home (floating support services only)				

10.3 Risk from others

	Current (within the last 12 months)	Past (more than 12 months ago)	Never	Further Details
Victim of anti-social behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Being threatened or intimidated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Victim of domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical violence / assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Victim of theft / burglary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Being bullied and/or being controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Racially motivated incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
At risk of harm or abuse from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any other risk from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

11 Cautions or Convictions

You only need to tell us about convictions that are “unspent”. Under the Rehabilitation of Offenders Act (1974) convictions become “spent” after a time. However, if you have been given a sentence of more than 2½ years this conviction never becomes “spent”. Information you give will not automatically exclude you, but will help us to support you and manage risks.

Nature of caution or conviction	Date/s of caution / conviction	Further information

Please give dates / details of any custodial sentences	
Please give details of any pending court appearances	
Are you under an Anti-Social Behaviour order?	
Do you have any court injunctions against you?	
Are there any injunctions in place for your protection?	

DETAILS OF SUPPORT NEEDS

MENTAL HEALTH NEEDS:

PHYSICAL HEALTH NEEDS:

HOUSING NEEDS

FINANCIAL SUPPORT NEEDS

Daily Living Skills – please tick all areas you need support in and give **full details** in the box below

- | | | |
|------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Cooking, preparing food, food safety | <input type="checkbox"/> Travelling | <input type="checkbox"/> Other |
| <input type="checkbox"/> Looking after yourself/personal hygiene | <input type="checkbox"/> Laundry | <input type="checkbox"/> I don't want support in this area |
| <input type="checkbox"/> Keeping room/flat clean / tidy | <input type="checkbox"/> Shopping | |

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Additional Comments:

Accommodation, Moving on and Resettlement – please tick all areas you need support in and give **full details** in the box below

- | | | |
|-----------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Accessing aids and adaptations | <input type="checkbox"/> Preparing for moving on | <input type="checkbox"/> Other |
| <input type="checkbox"/> Maintaining / understanding Licence or Tenancy Agreement | <input type="checkbox"/> Finding/bidding for properties | <input type="checkbox"/> I don't want support in this area |
| <input type="checkbox"/> Preventing homelessness | <input type="checkbox"/> Budgeting for moving on | |

Additional Comments:

Being Safe – please tick all areas you need support in and give **full details** in the box below

- | | | |
|-----------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Personal safety | <input type="checkbox"/> Safeguarding from abuse | <input type="checkbox"/> Other |
| <input type="checkbox"/> Health & safety of accommodation | <input type="checkbox"/> Fleeing violence / abuse | <input type="checkbox"/> I don't want support in this area |
| | <input type="checkbox"/> Living with violence | |

Additional Comments:

Basic Skills – please tick all areas you need support in and give **full details** in the box below

- | | | |
|------------------------------------------|-------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Reading/writing | <input type="checkbox"/> Communication/language | <input type="checkbox"/> Other |
| <input type="checkbox"/> Number skills | | <input type="checkbox"/> I don't want support in this area |

Additional Comments:

DETAILS OF ANY OUTSTANDING DEBTS:

SUBJECT TO 117 AFTERCARE?

DETAILS OF THE PERSON HELPING YOU COMPLETE THIS FORM

Please provide us with a copy of a current risk assessment and CPA documents.

NAME:		ROLE:	
ADDRESS:		TEL.:	

To the best of my knowledge the information provided is accurate

SIGNED:

DATE:

SERVICE USER COMPLETING FORM

To the best of my knowledge the information provided is accurate

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SIGNED:	
DATE:	

For service use only

REFERRAL ACCEPTANCE OR REJECTION											
What is primary support need? (Please note if the <u>primary</u> support need is homelessness, substance misuse or physical health needs, then the service cannot accept the referral.)											
Mental health	Y	N	Housing	Y	N	Physical	Y	N	Substance misuse	Y	N
Accept referral and proceed to assessment?			Y	N							
Explanation of reason, if rejected:											