Referral Form

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| --- | --- | --- | --- |
| Date: |  | ACCI staff taking referral: |  |
| Ref. No.: |  | Position: |  |

# Client Details

|  |
| --- |
| Name: |
| Date of Birth: |
| Address: |
| Postcode: |
| Email: |
| Telephone: |
| National Insurance Number: |
| NHS Number: |
| Gender: |

# Referrer Details

|  |
| --- |
| Name: |
| Job Position: |
| Address: |
| Postcode: |
| Email: |
| Telephone: |
| Preferred mode of contact: |

# Client Next of Kin Details

Name: Relationship:

Address:

Postcode: Email:

Telephone:

# Ethnicity

British

Irish

Any other White background

White and Black Caribbean

White and Black African

White and Asian

Indian

Pakistani

Bangladeshi

Any other Asian background

Caribbean

African

Any other Black background

Chinese

Any other ethnic group

# Current Status

Employed (full-time)

Employed (part-time)

Unemployed

Parent

Lone parent

Carer

Registered disabled

Receiving benefits

Background (Please give details if answer is yes)

Is the client compliant with medication? Y/N

Does the client misuse substances? Y/N

Has the client ever been detained under the MH Act? Y/N

Has the client ever been homeless? Y/N

Is the client aware of the referral? Y/N Is the client under the care of a CMHT team? Y/N

# Professional Involvement

(If any of the parties listed have been involved, please state for how long, and give name if known)

Probation Officer: Y/N

G.P.: Y/N

Consultant: Y/N

Carer: Y/N

Social Worker: Y/N

Housing Officer: Y/N

C.P.N.: Y/N

Support Worker: Y/N

Risks (**Must** be completed if there are known risks, please include details)

Is Risk Assessment attached? Y/N

Is the client subject to safeguarding? Y/N

Any Lone Working restrictions? Y/N

Known to be abusive? Y/N

Known to be violent? Y/N

Are there any pets? Y/N

Forensic History? Y/N

Medical History Is Needs Assessment Attached?  Is Care Plan Attached?

Prescribed Medication Dosage and any other details

Reason for Referral Use overleaf for additional information

**ACCI USE ONLY**

# What is required?

Housing  Outreach

Floating Support  Supported Accommodation

Carers Support  Wellbeing Hub / Activities

Befriending  Signposting

Welfare Rights  Counselling / Holistic Therapies

Initial Action Plan (What are the client’s expectations?)

Accepted  Rejected  – Reason for rejection:

# Additional Information