Referral Form

|  |  |  |  |
| --- | --- | --- | --- |
| 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