****

**Referral Form**

**Telephone:**

**E-mail:**

|  |
| --- |
| **SECTION 1(a): Client Details - Personal Information and current placement** |
| **Full Name:**       | **DOB:**    | **Current Age:**    | **MALE** **[ ]** **FEMALE** **[ ]**  |
| **Present address:**       | **Home address (if different):** |
| **Hospital (if applicable):**       |  |
| **Contact person:**       |  |
| **Job Title (of contact person):**       |  |
| **Telephone:**       | **Fax:**       |
| **Date of Admission into current placement:**       | **First Language:**       |
| **Religion:**       | **Ethnic Group:**       | **Spiritual Needs:**       |
| **SECTION 1(b): Client Details - Contacts** |
| **Next of Kin:**  | **GP:**  |
| **Name:****Relation:****Address:****Contact No.****Consent to contact: YES/NO** | **Name:****Address:****Contact No.****Consent to contact: YES/NO** |
| **IS CLIENT AWARE THAT REFERRAL IS BEING MADE?****Funding (Authority/Private):** | **YES NO****Case Manager:** |
| **Name:****Address:****Email:****Contact No.** | **Name:****Address:****Email:****Contact No.** |
| **Social Worker:** | **Community Nurse:** |
| **Name:****Address:****Email:****Contact No.** | **Name:****Address:****Email:****Contact No.** |
| **Advocate/Solicitor:** | **Consultant:** |
| **Name:****Address:****Email:****Contact No.** | **Name:****Address:****Email:****Contact No.** |
| **SECTION 2 (a): Client Diagnosis** |
|  | **Yes / No** | **Type** |
| **Mental Impairment** |      |       |
| **Learning Disability** |      |       |
| **Mental Illness** |      |       |
| **Personality Disorder** |      |       |
| **Other:** **Please State** |      |       |
| **SECTION 2 (b): Client Behaviours** |
| **Please indicate \* if there is a history of any of the following:** |
| ***Behaviour*** | ***Known*** | ***Suspected*** | ***Behaviour*** | ***Known*** | ***Suspected*** | ***Any other behaviour*** ***Please list below:*** |
| **Self Injurious Behaviour** |       |       | **Absconding** |       |       |       |
| **Physical Aggression** |       |       | **Non- compliance with treatment/medical** |       |       |  |
| **Arson / Fire Setting** |       |       | **Forensic History** |       |       |  |
| **Destruction of Property****Own / criminal damage** |       |       | **Substance Misuse** **Drug / Alcohol** **Solvent** |       |       |  |
| **Inappropriate Sexual Behaviour or harmful behaviour** |       |       | **Please give details:** **Error! Not a valid bookmark self-reference.** |
| **Present Legal Status: (e.g., MH Act, Supervision, Probation, MAPPA and Forensic Orders)**      |
| **Valid from****:**      | **Expiry Date****:**       |
| **Aftercare Arrangements:** | **Subject to 117 Aftercare:**  | **YES** **[ ]**  | **NO** **[ ]**  | **Subject to CPA:**  | **YES** **[ ]**  | **NO** **[ ]**  |
| **Valid From:**      | **Level:**       |
| **General Assessment: Please tick as appropriate and add additional comments if required** |
| **Self Care:****Self caring****Needs help****Needs encouragement** | **[ ]** **[ ]** **[ ]**  | ***Comments***      | **Social Skills:****Well developed****Needs encouragement****Needs specific help** | **[ ]** **[ ]** **[ ]**  | ***Comments***      |
| **Motivation:****Self motivated****Needs encouragement****Poor** | **[ ]** **[ ]** **[ ]**  | ***Comments*** | **Mobility:****Fully mobile****With difficulty****Physically disabled** | **[ ]** **[ ]** **[ ]**  | ***Comments***      |
| **Communication:****Spontaneous****Needs encouragement****Needs specific help** | **[ ]** **[ ]** **[ ]**  | ***Comments***      | **Sensory Impairment:** | ***Comments***      |
|  |  |  | **Yes****No** | **[ ]** **[ ]**  |  |  |
| **Current Medication:**       |
| **SECTION 3: Client Social / Emotional / Physical Needs** |
| **Please list activities: (including education/work experience / recreational etc)**      | **Please list interests:**      |
| **Please list any additional specialist health input required: (e.g., diabetes, District Nurse or OT)**      | **Current Staffing Level:**       |
| **SECTION 4: Documentation to be enclosed and reason for the referral** |
| **Documentation to be attached (if not provided, please state the reason why)** |
| **Previous History****Yes** **[ ]  No** **[ ]**  |  | **Social History Report****Yes** **[ ]  No** **[ ]**  |  |
| **Psychiatric History / Report****Yes** **[ ]  No** **[ ]**  |  | **Care Plans****Yes [ ]  No [ ]**  |  |
| **Risk Assessments****Yes [ ]  No [ ]**  |  | **Forensic Details****Yes [ ]  No [ ]**  |  |
| **Occupational Therapy Reports****Yes [ ]  No [ ]**  |  | **Mental Health Act Tribunal Reports****Yes [ ]  No [ ]**  |  |
| **Additional Reports Enclosed: Please list**  |
| **Reason for the referral** |
| **Please state the resident’s/patient’s current behaviours, previous placements and reason for the referral to RPFI. This information helps us to consider matching issues and begin planning and thinking about the resident’s care plan:** |
| **SECTION 5: Referrer’s details and signature** |
| **Name and Job Title of Referrer:**      | **Name of Organisation:**      |
| **Address:**       | **Telephone Number:**      **Fax Number:**      **E-Mail Address:** |
| **Signature:**  | **Date:**       |
| **SECTION 5a: Client’s signature giving consent to contact names listed (if applicable)** |
| **Name:**      | **Signature:**      |

**CONFIDENTIALITY: RPFI require that all information in this form is obtained with the consent of the prospective resident or advocate.**

**All information supplied will be treated in confidence.**

**BEHAVIOURAL PEN PICTURE**

|  |
| --- |
| Does the person have a history of the following? |
|  | **Not at all** | **Sometimes** | **Often** |
|  |  |  |  |
| Physical harm to another person | □ | □ | □ |
|  |  |  |  |
| Sexual harm to another person | □ | □ | □ |
|  |  |  |  |
| Violence to an adult | □ | □ | □ |
|  |  |  |  |
| Criminal cautions | □ | □ | □ |
|  |  |  |  |
| Misuse of drugs or alcohol | □ | □ | □ |
|  |  |  |  |
| Absconding | □ | □ | □ |
|  |  |  |  |
| Eating Disorders | □ | □ | □ |
|  |  |  |  |
| Arson | □ | □ | □ |
|  |  |  |  |
| Smoking | □ | □ | □ |
|  |  |  |  |
| Violence to property | □ | □ | □ |
|  |  |  |  |
| Depression | □ | □ | □ |
|  |  |  |  |
| Bullying | □ | □ | □ |
|  |  |  |  |
| School exclusion / suspension | □ | □ | □ |
|  |  |  |  |
| Any other comments: |