**Logo, company name

Description automatically generated**

**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: | | | |