

16 Buckingham Road  
Riverside  
Tamworth  
Staffordshire B797UR

## Referral for Day Opportunities or PA Service

Part 1 Details of the person being referred			
Full name		Male / Female (Please delete)	Date of birth
Full address Including post code		Is this: the family home <input type="checkbox"/> Residential home <input type="checkbox"/>	Supported accommodation <input type="checkbox"/>
Telephone numbers	Landline:	Mobile:	
Spoken language		Religion	
Ethnicity	White European <input type="checkbox"/> White Other <input type="checkbox"/> Asian <input type="checkbox"/> Black African Caribbean <input type="checkbox"/> Black Other <input type="checkbox"/> Other <input type="checkbox"/> If other please, please specify .....		
GP Name and address		Telephone number	
NI Number (If known)		NHS Number (If known)	
Can the person being referred travel independently? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Has a personal budget already been agreed for this person? Yes <input type="checkbox"/> No <input type="checkbox"/>			

## Main Carers Details

Full name		Relationship to the person being referred	
Full address Including post code		Telephone numbers  Landline:  Mobile:	
Is the main carer also the persons next of kin?  Yes <input type="checkbox"/> No <input type="checkbox"/>		If no please give contact details for the persons next of kin	
Can the main carer be contacted in an emergency?  Yes <input type="checkbox"/> No <input type="checkbox"/>		If no please give contact details of an emergency contact person	

## Referrer's details (if not the main carer)

Name		Company Name	
Position		Telephone numbers	Landline..  Mobile..
Full address Including post code		Email	

## Part 2 Additional Details of the person being referred

### HEALTH

Does the person have communication difficulties and if so how do they communicate?	
Does the person have a physical disability? Please provide details and list any aids and adaption's used:	
Does the person have a sensory disability? (Poor vision, hard of hearing) Please provide details and list any aids and adaption's used:	
Has the person been formally assessed as having a learning disability? If yes please provide details:	
Is the person accessing any other learning disability service, or have they done so in the past. If yes please provide details:	
Does the person have a diagnosed mental health problem? Are they accessing any mental health services? If yes please provide details:	
Does the person have personal care needs that you are aware of?	
Are any other professionals, friends or relatives that help support the person? If yes please provide details:	

## Part 2 Health continued

Does the person have any other diagnosed health problems?  
If yes please provide details:

**Please list below all medication currently being taken:**

Medication  
Name, Dose, etc.

What illness/condition does this medication treat?

**Information about the persons likes and dislikes**

What activities does the person enjoy?

What activities does the person not enjoy?

## Risk Factors

Does the person pose a risk to themselves?

(Self harm, substance abuse)

Yes

No

If yes please provide details:

Does the person pose a risk to other people?

(physical harm, sexual harm, damage to property, aggression)

Yes

No

If yes please provide details:

Is the person vulnerable to risk?

(vulnerable, lack of safety awareness, physical, sexual, financial)

Yes

No

If yes please provide details:

Are there any known safeguarding issues that you are aware of?

Yes

No

If yes please provide details:

Does the person have any fears or phobias that we should be aware of? Yes

No

If yes please provide details:

Please supply any additional information you may feel is relevant:

Signature of referrer:	Signature of consent from client being referred if applicable:
Print Name:	Print Name:
Date:	Date:

