

Date:		Local Authority:	
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Referral Form

Person Making the Referral:

Name:		Title: Mr. Mrs. Ms.	
Email:		Phone:	
Mobile		Best Time to Call:	

Commissioning Team Contact:

Name:		Title: Mr. Mrs. Ms.	
Email:		Phone:	
Mobile		Best Time to Call:	

Service User's Information:

First Name:		Surname:	
DOB/Age:		Sex:	
Religion:		First Language:	
Ethnicity:		Legal Status:	
Next of Kin (in case of emergency:			
Date Supported Accommodation Required:			
Estimated Length of Time Required: (Short/medium/long term)			
Reason for Referral:			
Primary Concerns/History:			
Any Additional Needs?			
Level of Support Required:			

(Low/Medium/High Level)	
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Health:

Are there any identified health problems?	
Name, address, and telephone number of other agencies involved?	
Details of any allergies:	
Any specific healthcare requirements?	
Any special dietary needs?	
Is there an identified disability?	
Medication?	

Skills:

What is the young person's current level of ability in the following areas?	
Communication	
Comprehension	
Self Care	
Independence Skills	
Socialising	
Behaviours	
Any other relevant information	

Details of proposed placement:

Anticipate Start date: / /

Has funding been approved for this placement: Yes/No

Name of person/panel who has/have authorised funding: _____

Late Payment Charge

Invoices will be submitted on a monthly basis and are due for payment on presentation.

If payment is not received within 28 days of the invoice date, (YOUR BUSINESS NAME)reserves the right to charge interest pursuant to the late payment charge of commercial debts (interest) Act 1998 on the outstanding amount.

For Purchaser/Social services

Team Manager Signature/Date _____

Full Name & Position held _____

For Provider/(YOUR BUSINESS NAME)

Signature/Date _____

Full Name & Position held _____

ESSENTIAL INFORMATION:

In order for us to give proper consideration to this application, please provide a detailed social/psychiatric report (please attach securely). This **must** include:

FAMILY BACKGROUND - parents, siblings and other important blood relatives and significant others; relationships within the family; family history of psychiatric difficulties.

PERSONAL BACKGROUND - childhood and development; emotional/psychological development; employment.

PRESENT SITUATION - relevant details of current psychological/social difficulties; events leading to application; the specific situations in which any disturbed behaviour tends to occur.

Please describe the therapeutic approaches which have already been used with the applicant, and the extent to which they have proved successful. Also include *psychiatric data on hospital admission and treatment*. Existing reports from psychiatrists, probation officers, social workers and any other professionals should also be attached if available. Please indicate which reports are included:

PSYCHIATRIST YES/NO

SOCIAL WORKER YES/NO

PROBATION OFFICER YES/NO

Thank you for completing this form. Please send it to our Central Office (PUT YOUR EMAIL HERE)