St. Mark’s Family Centre General Referral Form

**Mitcham Strictly Confidential**

#### Date of referral: \_\_\_\_\_\_\_\_\_ Strictly Confidential

**Referred client\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referrer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mob \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mob \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB \_\_\_\_\_\_\_\_\_\_\_\_ Male/Female\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children age 18 or under (or 25 or with special needs)

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| **Name** | **DOB** | **School** | **Disability** | **Special Need** |
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| Presenting Problems: How long have they been experiencing them:  Symptoms: How long have they been experiencing them:  Professional Diagnosis (please include any medical reports):  Prescribed medication:  Other disability: |

**Reason for Referral and any other information relevant for their care/needs (including impact on family):**

Service User Risk Assessment

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| **Please list the categories of risk identified** (single or multiple, please tick relevant boxes)  **€** Aggression & violence Suicide & self-harm  Severe self-neglect Exploitation  Other (Specify)………………………………………………………… Lack of awareness of danger |

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| **Please detail any historical information that may indicate the potential for risk (**for example, personal, family, forensic, social, interpersonal) |

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| **Please detail any health-related factors/ environmental factors that may contribute to the potential for risk (**for example, psychiatric symptoms, personality factors, physical disabilities, substance abuse, hostile community, access to drugs, rejection by others etc?) |

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| **Is there any history to suggest ‘planned intent’ to engage in risk-related behaviour?** |

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| **Early warning signs are, or may be:** |

**Psychological therapies or services accessed:**

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| --- | --- | --- | --- |
| NAMES OF OTHER CONTACTS/AGENCIES WORKING WITH OR KNOWN TO CLIENT **AND** GP | ADDRESS | CONTACT NUMBERS | RELATIONSHIP |
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**Ethnic Origin: please tick**

a)Bangladeshi\_\_\_ b)Indian\_\_\_ c)Pakistani\_\_\_ d)Asian Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e)Black African\_\_\_ f)Black British\_\_\_ g)Black Caribbean\_\_ h)Black other\_\_\_\_ i)Chinese\_\_\_ j)White British\_\_\_ k)White European\_\_\_

l) Irish\_\_\_ m) White other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ n)Mixed ethnicity\_\_\_ o)Any other ethnic group\_\_\_\_\_\_\_\_\_\_\_ p)Prefer not to say\_\_\_