St. Mark’s Family Centre General Referral Form

**Mitcham Strictly Confidential**

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

**Client\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referrer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

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

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

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

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

**(For Children & Families use other form on website. This one will not be accepted**)

Mental Health\_\_ Older Adults\_\_ Other­­­\_\_

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| --- |
| Client’s Diagnosis:Current or last known prescribed medication:Other disability: |

If we need to make contact do you know what days and time may be convenient: **ANY / DON’T KNOW / SEE BELOW**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| TIMES AM |  |  |  |  |  |
| TIMES PM |  |  |  |  |  |

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

**Reason for Referral and any other information relevant for their care/needs:**

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|  |

Has the client previously been known to St Mark’s Family Centre? YES /NO (If yes please specify date if known \_\_\_\_\_\_\_\_)

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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| **Are there any client groups or individuals you are aware of that are potential victims or may be at risk from the referred?** (For example, children, older people or named individuals 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:**  |

**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\_\_\_