



**SUPPORT REFERRAL FORM**

<b>Service User Name / Pseudonym:</b>		<b>Name of Referrer:</b>	
<b>Male / Female</b>		<b>Title: (Social Worker/Relative)</b>	
<b>Age (D.O.B)</b>			
<b>Address:</b>		<b>Address:</b>	
<b>Tel No. (if applicable)</b>		<b>Tel No :</b>	
		<b>Fax No :</b>	
		<b>E-mail :</b>	

<b>Type of Support (accommodation based, own home, day support) &amp; when to commence support:</b>			
<b>Service User Group (Please tick appropriate box(s))</b>			
<b>Mental Health</b>		<b>Physical Disability</b>	<b>Other:</b>
<b>Older People</b>		<b>Learning Disability</b>	
<b>Young People</b>		<b>Physical Disability</b>	
<b>Deaf Impaired</b>		<b>Hearing Impaired</b>	
<b>Reason for Referral:</b>			

Has this form been completed on behalf of the Service User? (Y/N)  
 If yes, are they aware of the referral? (Y/N)  
 Has the Service User participated in completing the form? (Y/N)

	<b>Service User Details</b>	
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<b>Risk areas</b>	
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Please review the areas and indicate which if any areas the Service User has displayed a risk:

Intentional self harm	(Y/N)	Unintentional self harm	(Y/N)
Psychological	(Y/N)	Independent Living Skills / Survival	(Y/N)
Risk to others	(Y/N)	Social / Relationships	(Y/N)
Risk from others	(Y/N)	Other	(Y/N)

Please give further information on areas where the Service User has displayed a risk:

	<b>Accommodation and Support</b>	
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<b>Accommodation</b>	Bullet points only:
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Please give details of the requirements needed to meet the Service User's needs, include budgeting, ability to handle a crisis, a need to make them feel safe and secure, level of confidence, isolation, living skills:

<b>Living Skills</b>	Bullet points only:
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Please give details of the ability of the Service User to access benefits, self care, eating, shopping, cooking abilities, managing bills, rent and accessing services:

<b>Substance Use</b>	<b>Bullet points only:</b>
<b>Please give details of any substance use (alcohol/drugs) indicating levels of use, type, triggers, engagement with services, criminal activity:</b>	
<b>Mental Health</b>	<b>Bullet points only:</b>
<b>Please give details (if applicable) of the Service User being at risk or in crisis, of any presence of diagnosis, access with services, use of medication, level of distress:</b>	

<b>Accommodation and Support</b>	
<b>Legal / Anti-social behaviour</b>	<b>Bullet points only:</b>
<b>Please give details (if applicable) of any recent or past offences, any interaction with police or any probationary periods:</b>	

<b>Meaningful use of time</b>	<b>Bullet points only:</b>
<b>Please give details of the Service User's levels of motivation and engagement, social confidence, hopes/aspirations, existing relationships, problem areas, location of family, friends and social networks (clubs etc):</b>	
<b>Social, Cultural &amp; Religious needs</b>	<b>Bullet points only:</b>
<b>Please give details of the Service User's use of community resources and spiritual/ lifestyle needs:</b>	
<b>Physical Health</b>	<b>Bullet points only:</b>
<b>Please give details of any ongoing health issues, including medication and diet / lifestyle issues that may affect the Service User's health:</b>	

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<b>Other Supporting Information</b>		<b>Bullet points only:</b>	
<b>Please give details any other relevant information:</b>			
<b>Signature of Referrer</b>		<b>Signature of Service User</b>	
<b>Date form completed</b>		<b>Date form completed</b>	

<b>Returning the Completed Form</b>	
<p>The form can be returned electronically by e-mailing it to:- merrydencares@aol.com.</p> <p>If you are unable to send information electronically, please send the completed form via post: Merry Den Care Ltd 44 Station Street Cinderford Glos.</p>	

<b>For Office Use Only</b>	
<b>Date of receipt of form:</b>	
<b>Action required</b>	