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| REFERRAL FORM | | |
|  | | Reference No: |
| **Permission to share and store data** | | |
| With the consent of the service user CommuniCare will keep electronic and hard copies of this referral form.  Please confirm the reason for referral has been explained to the service user or client and, for the purposes of securing effective referral and arranging appointments, the service user or client has:  Given consent to the SHARING of personal information with CommuniCare  Given consent for sensitive personal information to be RECORDED by CommuniCare  The service user or client has been informed that their information will not be shared more widely without their consent unless there is a legal requirement to do so. | | |
| **Referred from:** | | |
| Contact Name: | Date: | |
| Organisation: | Contact No: | |
| Job Title: | Email: | |
| **Referred to:** | | |
| Organisation: | | |
| **Client Details** | | |
| Surname: | Forename(s): | |
| Address: | Postcode: | |
| Date of Birth: | Gender: Male/Female/Prefer not to say | |
| Phone Number: | NI no: | |
| Can we leave a voice message? Yes/No | Can we send a text message? Yes/No | |
| Alternative Contact: (family / friend): | Alternative Contact Number: | |
| **Does the Client have any access needs?** | | |
| Interpretation Yes/No → Language required  Long term health condition Yes/No → Further information  Disability Yes/No → Further information  Other Yes/No → Further information  **Please Note:** We cannot provide translation services. | | |
| **Carers Assessment** | | |
| IF A CARERS ASSESSMENT IS REQUIRED, PLEASE COMPELTE THE CARERS ASSESSMENT REFFRAL FORM. WE CANNOT ACCEPT THIS FORM FOR A CARERS ASSESSMENT  Is a Carers Assessment Required Yes/No | | |
| **Client’s Enquiry (please send details if requested)** | | |
|  | | |
| **What has your agency done so far?** | | |
|  | | |
| **Summary of anyone else involved with this client** | | |
|  | | |
| **Reason for referral** | | |
|  | | |
| **We will contact the client and discuss this referral with them.**  **Please indicate below the type of 1:1 support they require:** | | |
| Can the client attend the Advice Centre Yes/No  Does the client need a Home Visit Yes/No → please state why they cannot come in: | | |
| **HOME VISIT REQUESTS:**  **Please use the space below to record any information that you feel may affect the safety or integrity of a lone worker. This information will not be shared with the client.** | | |
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