

REFERRAL FORM



There are 2 pages to this form. All sections to be completed. Any extra information can be continued on a separate sheet. Please send completed forms to contact@graceaftercare.org.

REFERRER DETAILS: (please give your details here)

Name:	Agency:
Address:	Tel No:

PERSON REFERRED: (details of person being referred)

Marital Status:	Address:	
First Name:		
Surname:	Town:	Postcode:
Age:	Date of Birth: / /	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Tel:	Mobile Tel:	Email:

GP Name & Address:	Medication (deemed relevant):

Current issue to be supported:

Contact with Mental Health Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Contact with EDADS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Contact with other service	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please name		

CONFIDENTIAL

RISK ASSESSMENT

	YES	NO	If YES, please describe
Mental Health Issues	<input type="checkbox"/>	<input type="checkbox"/>	
Suicide Risk / Self Harm	<input type="checkbox"/>	<input type="checkbox"/>	
Violence / Harm to Others	<input type="checkbox"/>	<input type="checkbox"/>	
Offending (past or present)	<input type="checkbox"/>	<input type="checkbox"/>	
Child Protection	<input type="checkbox"/>	<input type="checkbox"/>	
Other Risks Identified	<input type="checkbox"/>	<input type="checkbox"/>	
Current Social Circumstances (eg. Relationships, living alone, support network)			

OTHER AGENCIES INVOLVED:

- GP Probation Social Services Hospital
 Prison Voluntary Agency AA/NA Other _____

Why is this person involved with you service?

Why are you referring to our service?

Any other relevant information:

ETHNIC GROUP:

- White Scottish White Other British White Irish White Other
 Asian Bangladeshi Asian Chinese Asian Indian Asian Pakistani
 Asian Other Black African Black Caribbean Black Other
 Mixed Background Not Supplied Other: _____

Referrer Signature: _____ **Date:** _____

Client Consent to be contacted by Phone/E-Mail (optional)

Should the referrer wish GRACE to contact them by telephone or email to arrange their first appointment, please confirm telephone number and email address to be used and obtain client signature.

Telephone number:

E-Mail:

Client Signature: .

Date: / /