

OPEN CHOICE INDEPENDENCE LTD REFERRAL FORM

CLIENTS DETAILS

GENDER: (please mark with x)

Male:

Female:

PERSONAL DETAILS:

Surname:

First Name:

Address:

National Insurance Number:

D.O.B:

LEGAL STATUS (please mark with x)

LOOKED AFTER?

Yes:

No:

**IS THE CLIENT ON
CPR REGISTER?**

Yes:

No:

**IS THE CLIENT
UNDER ACS?**

Yes:

No:

**IS THE CLIENT UNDER
ANY MENTAL HEALTH
SERVICES?**

Yes:

No:

IF 'YES', PLEASE GIVE DETAILS:

Address:

Telephone:

BRIEF DETAILS OF CLIENT

CURRENT ACCOMMODATION

PLEASE SPECIFY:-

LENGTH OF TIME IN CURRENT ACCOMMODATION

PLEASE SPECIFY:-

_____ years _____ months

CLIENTS ETHNIC ORIGIN

Ethnic Origin code	Ethnic Origin	Please mark with X
BR	British	
IR	Irish	
OW	Other White	
WC	Mixed – White/Black Caribbean	
WA	Mixed – White/Black African	
WS	Mixed – White/Asian	
OM	Other Mixed	
IR	Indian	
P	Pakistan	
BA	Bangladesh	
OA	Other Asian	
BC	Black Caribbean	
BA	Black African	
BO	Black Other	
C	Chinese	
AO	Any Other	
U	Unclassified	

OTHER INFORMATION

FIRST LANGUAGE:

RELIGION:

PRACTICING: (Please mark with x)

Yes:

No:

PLEASE INDICATE ETHNIC AND CULTURAL CONSIDERATIONS TO BE TAKEN INTO ACCOUNT:

HOBBIES:

ANY LIFESTYLE COMMENTS RELEVANT TO THE PERSONS LIFE:

ANY SPECIAL NEEDS REQUIREMENTS?
(Please mark with x)

Yes:

No:

IF 'YES', PLEASE GIVE DETAILS:

(Please mark with x)

Yes:

No:

IF 'YES', PLEASE GIVE DETAILS:

DOES THE CLIENT HAVE MENTAL HEALTH ISSUES?

(Please mark with x)

Yes:

No:

IF 'YES', PLEASE GIVE DETAILS:

CONTACT DETAILS OF MENTAL HEALTH WORKER:

Name:

Address:

Telephone:

DOES THE CLIENT HAVE ANY PHYSICAL DISABILITIES?

(Please mark with x)

Yes:

No:

IF 'YES', PLEASE GIVE DETAILS:

ANY TRIGGERS OF AGGRESSION (Verbal/Physical)
(Please mark with x)

Yes:

No:

IF 'YES', PLEASE GIVE DETAILS:

IS THE CLIENT TAKING ANY MEDICATION?
(Please mark with x)

Yes:

No:

IF 'YES', PLEASE GIVE DETAILS:

ARE THERE ANY OTHER MEDICAL CONDITIONS?
(Please mark with x)

Yes:

No:

IF 'YES', PLEASE GIVE DETAILS:

SUBSTANCE ABUSE? (Past/Present)
(Please mark with x)

Yes:

No:

IF 'YES', PLEASE GIVE DETAILS:

LEGAL INFORMATION

IS THE CLIENT AN OFFENDER? (Past/Present)
(Please mark with x)

Yes:

No:

IF 'YES', PLEASE GIVE DETAILS:

IS THE CLIENT A PERSISTENT OFFENDER?
(Please mark with x)

Yes:

No:

IF 'YES', PLEASE GIVE DETAILS:

ANY PREVIOUS OFFENCES OR UNSERVED CRIMINAL CONVICTIONS?
(Please mark with x)

Yes:

No:

IF 'YES', PLEASE GIVE DETAILS:

DATES AND CHARGES: (please give details)

PLEASE GIVE DETAILS OF FORTHCOMING COURT, POLICE OR OTHER LEGAL APPOINTMENTS:

CONTACT DETAILS FOR YOT WORKER:

Name:

Address:

Telephone:

OTHER INFORMATION

IS THE CLIENT IN EDUCATION, EMPLOYMENT OR TRAINING?

(Please mark with x)

Yes:

No:

IF 'YES', PLEASE GIVE DETAILS:

CONTACT DETAILS FOR CONNEXIONS PA:

Name:

Address:

Telephone:

CLIENTS LONG TERM GOALS:

CLIENTS SHORT TERM OBJECTIVES:

DETAILS OF OTHER AGENCIES INVOLVED:

INCOME

(Please mark with x)

Type of income	Yes	No
SOCIAL SERVICES?		
DLA?		
JOB-SEEKERS ALLOWANCE?		
INCOME SUPPORT?		
INCAPACITY BENEFIT?		
OTHER?		

PLEASE GIVE DETAILS:

OTHER INFORMATION

TIME SCALE FOR REFERRAL PLACEMENT?

(Please mark with x)

6 MONTHS (minimum)?

Yes:

No:

6 – 12 MONTHS?

Yes:

No:

OTHER DETAILS YOU THINK ARE RELEVANT TO THIS REFERRAL AND ANY OTHER ISSUES THE MANAGEMENT AND PLACEMENT PANEL SHOULD BE MADE AWARE OF WHEN CONSIDERING A PLACEMENT FOR THIS PERSON?

(please provide details where necessary)

NAME OF LEAVING CARE WORKER:

CONTACT DETAILS FOR SOCIAL WORKER:

Name:

Address:

Telephone:

Fax:

E-mail:

TEAM, AREA AND LOCAL AUTHORITY:

CAN YOU PROVIDE DETAILS OF RECENT REVIEWS?

(Please mark with x)

Yes:

No:

CONTACT DETAILS FOR LINE MANAGER:

Name:

Address:

Telephone:

Fax:

E-mail:

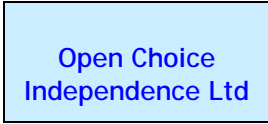
CONTACT DETAILS FOR INVOICING:

Address:

Telephone:

Fax:

E-mail:



SIGNATURES:

REFERRERS NAME:

REFERRERS SIGNATURE:

DATE:

MANAGERS NAME:

MANAGERS SIGNATURE:

DATE: