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| --- | --- | --- | --- |
| Service User Name |  | SWIFT ID |  |
| NHS Number |  | DoB |  |
| Address |  | Male or Female |  |
| Telephone No. |  |
| Mobile No. |  |
| Next of Kin *(name, relationship & telephone no.)* |  | Referral Date & Referral From/By *Is the referral Urgent (U) or Routine (R)?**Referrer contact no.* |  |
| GP & Surgery |  | Where is the service user now? *(home, GWH, SwICC etc)* |  |
| Is the person and family aware of the referral? |  | Is this person known to the service? |  |
| Brief reason for referral & accommodation requirements, respite or long term placement (*environment, restrictions, safeguarding, any other information about suitability needs*) |  |
| Medical History and Restrictions*(no abbreviations)* |  |
| Detail any physical disability and/or sensory impairment |  |
| Mental Health  |  |
| Communication Needs |  |
| Are they ok with pets? For example cats and dogs? |  | Are they ok with children? |  |
| What information is available (*send with referral*) | SSAQ / Review / CCA / CPA / Other?  |
| Details of Power of Attorney / Deputyship? | Personal Welfare? | Property & Affairs? |
| Has funding been agreed? |  |

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| **Additional Information**  |
| Behavioural needs |  |
| Cultural Needs |  |
| Known environmental risks *(for both the service user and staff)* |  |
| Any other information(i*ncluding other professionals involved*)  |  |

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| **Goals** Please score the service user using the below system for:Their current abilities, *“what can you do now?”*  |
| **0**Not applicable |  | **1**Unable |  | **2**Assistance of 2 or more |  | **3**Assistance of 1 |  | **4**Prompting |  | **5**Supervision |  | **6**Independent |
| **Category** | **Current****Score** | **Goal Score** | **Specific/Realistic Goal Details (including equipment and aids)** |
| Personal Care needs |  |  |  |
| Eating / Drinking |  |  |  |
| Food Prep  |  |  |  |
| Toileting |  |  |  |
| Mobility |  |  |  |
| Social activity / Work |  |  |  |
| Medication |  |  |  |
| Finance / Correspondence  |  |  |  |
| Other Personal Needs |  |  |  |
| Additional Goals |  |

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| --- | --- | --- |
| Will the service user have community services in place? | [ ] [ ]  | Yes (detail)No |
| Please discuss the following with the service user:***The service user or appropriate adult is consenting to their personal data being used for the purposes of rostering and provision of services in accordance with SBC policy.***  |[ ]  I confirm that I have discussed these issues with the service user and they have provided verbal consent for this referral and are willing to engage. |