|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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? |  | | | | |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | |  | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| 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. |