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| --- | --- | --- | --- |
| Service User Name |  | SWIFT ID |  |
| NHS Number |  | DoB |  |
| Address |  | Telephone No. |  |
| Mobile No. |  |
| Next of Kin *(name, relationship & telephone no.)* |  | Referral Date: **Please send up to date SAQ or review** |  |
| GP & Surgery |  | Where is the service user now? *(home, GWH, SwICC etc)* |  |
| Is the person aware of the referral? |  | Does the person have capacity? (*please attach FACE and BI)* |  |
| Brief reason for referral  |  |
| Any known behaviours |  |
| Personal care requirementse.g 1-1, 2-1  |  |
| Known sensory issues or needs |  |
| Communication Needs |  |
| Medical History*(no abbreviations* |  |
| Does the service user have a learning or physical disability: (detail information)  |  |

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| **Goals**When you visit OK4U we will show you around the building and discuss the sessions that run at OK4U and in the community which link to two pathways that you can follow at OK4U:Promoting IndependencePromoting Health and WellbeingIt is possible to follow a mixture of the twoWe will also discuss tea, transport contributions and session costs at your visit |
| What days would you like to attend OK4U? |  |
| What sessions would you like to join at OK4U? |  |
| What pathway(s) would you like to follow?  |  |

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| **Additional Information** |
| Previous Care Package(s) |  |
| Medical Restrictions*(for example hip precautions)* |  |
| Mobility Needs |  |
| Cultural Needs |  |
| Known environmental risks *(for both the service user and staff)* |  |
| Any other information |  |
| Do you have a care plan? Please attach |  |
| Have you had a visit to OK4U? What date did you visit? |  |
| Is transport required? |  |
| Please discuss the following with the service user:***The service user is consenting to their personal data being used for the purposes of day 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. |