

# Positive Support Referral Form



## Referrers Details

<b>Referring Authority</b>	
<b>Referring Team Address</b>	
<b>Name of Social Worker/Health Worker</b>	
<b>Contact Telephone Number</b>	
<b>Email Address</b>	
<b>Name of Manager</b>	
<b>Contact Number</b>	
<b>Email Address</b>	

## Service User Details

<b>Name</b>			
<b>Address</b>			
<b>Gender</b>	<b>M / F</b>	<b>Date of Birth</b>	
<b>Legal Status</b>			
<b>Ethnic Origin</b>			
<b>Religious Needs</b>			
<b>NI Number</b>			
<b>Next of Kin</b>			
<b>Contact Address</b>			
<b>Relationship to Service User</b>			
<b>Contact Telephone Number</b>			
<b>GP Name</b>			
<b>GP Address</b>			
<b>GP Contact Number</b>			

**Details of any Physical and/or Mental health Issues**

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**Communication. Are there any issues around communication that we need to be aware of?**

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**Health and Personal Care Need**

**Medication Details. Please include frequency and route as well as assistance required**

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**Personal Hygiene. include details of assistance required with washing toileting and continence and Dressing**

**What are the contact arrangements with family/significant others**

**Other Health Agencies involved and Contact Details**

**Daily Living Skills. Please identify the level of assistance required with cooking, cleaning, laundry, shopping and budgeting**

**Has the Service User got any behavioural issues, ie violent, aggressive or self-harm and/or any other behavioural issues that you feel that we need to be aware of?**

**Has the Service User any criminal convictions or current charges against them? (if yes, please give details)**

**Are there any issues of alcohol and/or substance misuse? (if yes, please give details)**

**Are there any issues that we should be aware of in relation to allegations against staff? (if yes, please give details)**

**What is the Service Users view about a placement with Positive Living Ltd?**

**Has the service User had funding agreed in principle? When would want the placement to start?**

**Will the Service User require us to supply accommodation?**

**Are there any other Agencies apart from Health Agencies involved with the Client? (if yes, please give details)**

**Is there any other information that we need to be aware of?**

**Please supply any reports that you feel may be appropriate for the assessment for this referral.**

Positive Living Limited would like to take this opportunity to thank you for your continued support and for your consideration on this occasion.

Our process for accepting a Service User is extremely rigorous and is totally geared to ensuring both their safety and the safety of others around them. We want a successful outcome and so we take great care in understanding every aspect of this person's needs and wishes.

Our process is that we can use this referral information in conjunction with any other information you have given us to enable us to take an initial view as to what options we can offer. The next stage will be for us to complete an assessment which will necessitate a meeting with the Service User. If this is not possible please let us know immediately.

When completed we will forward to you our assessments along with our recommendations and costs. We are unable to give these costs until we have assessed the resources needed.

Receipt of the assessments and our recommendation do not automatically reserve a placement and only on receipt of your agreement to place will the placement be allocated

## **Referral Contact**

Karen Garner  
*Placement Resources Manager*  
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