

Forest Community Project Referral

CLIENT DETAILS			
Name		Title	Mr/Mrs/Ms
Preferred Name			
Date of Birth			
Present Address			
Telephone			
GP			
GP's Address			
GP's Telephone			
Other Professions Involved			
Worker	Agency	Telephone Number	

Referring Agency	
Agency	
Type of agency	Social Services / Health Authority / Private / Other (please specify)
Agency Address	
Telephone	
Referring Worker	
Is funding agreed	Y/N
If No, is an estimate for a care package required?	

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HOUSING NEEDS

Please indicate on a scale of 1 (least important) to 10 (most important) which of these issues matter most to your client:

Living in a household with at least one other person of the same gender?	
Living in a household with only people of the same gender?	
Living in a household with at least one other person from the same ethnic group?	
Living in a household with at least one other person of approximately (within 10 years either way) the same age group?	

What other types of accommodation has your client lived in?

Type of accommodation	Length of Stay	Reason for Leaving
Independent flat/house/bedsit		
Part time staffed hostel		
24 hour staffed hostel		
Residential Care Home		
With family or friends		
Other (please specify)		

Does your client have any access issues? e.g. difficulty climbing stairs, wheelchair user

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DOMESTIC AND SELF CARE SKILLS

Please tick the boxes to indicate your clients support needs for domestic and self-care skills

Skill	Independent	Needs prompting	Needs practical support
Using telephone			
Budgeting			
Planning a meal			
Shopping			
Travelling			
Preparing a simple meal			
Making a cup of tea			
Washing up			
Using washing machine			
Using tumble drier			
Light cleaning			
Using vacuum cleaner			
Changing sheets			
Changing duvet cover			
Having a bath			
Washing hair			
Organising a prescription			
Taking medication			

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DAYTIME OCCUPATION

What would be a typical week for your client?

Day	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Please indicate which of the following your client would like to do, given the opportunity or support:

Study – Subject area ()	<input type="checkbox"/>
Therapeutic Work - Preferred Work ()	<input type="checkbox"/>
Go to the pub	<input type="checkbox"/>
Attend a day centre	<input type="checkbox"/>
Attend a drop in	<input type="checkbox"/>
Visit friends/family	<input type="checkbox"/>
Have friends/family round	<input type="checkbox"/>
Attend/take part in sport - which ()	<input type="checkbox"/>
Attend place of worship	<input type="checkbox"/>
Use library	<input type="checkbox"/>
Watch TV or listen to music	<input type="checkbox"/>
Do nothing	<input type="checkbox"/>
Go on daytrips	<input type="checkbox"/>
Craft work - what sort ()	<input type="checkbox"/>
Other - please specify ()	<input type="checkbox"/>

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BACKGROUND

Please write (or ask the client to write) a brief account of your client's life so far. Please include information about:

1. Where the client grew up
2. Their family and relationships with their parents and siblings
3. Their schooling
4. Employment and training
5. Significant relationships

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MEDICAL HISTORY

What is the client's primary mental health diagnosis?

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What is the client's understanding of their diagnosis?

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Does the client have any other mental health issues? e.g. dual diagnosis, specific phobias.

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Does the client have any medical/physical conditions? e.g. hypertension, epilepsy, diabetes.

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What is the current treatment regime? Please include any 'as required' medication.

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Please give details of any hospital admissions:

Admitted	Discharged	Brief history of admission	Informal Y/N

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RISK FACTORS

Please give details of any of the risk factors that the client has presented in the past. If possible please include a copy of your most recent risk assessment with this form.

Behaviour	Description of risk	Recency of risk
Attempted Suicide		
Non-fatal self-harm e.g cutting		
Self-neglect		
Arson		
Fire Safety issues		
Violence/ Aggression towards others		
Damage to property		
Substance misuse		
Alcohol misuse		
Misuse of prescribed medication		
Responding to command hallucinations		
Forensic admissions under section 37		
Criminal Convictions		

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ASPIRATIONS

Please ask the client to complete this section to describe what they hope to gain from a placement with the Forest Community Project

What do you want from your life?

What sort of life would you like to be living in five year's time?

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EQUAL OPPORTUNITIES

Please ask the client to complete this, or support him/her in doing so. This form is to enable us to make sure that we are treating everyone fairly. We will be using it for own statistics, so that we know where we are getting our referrals and whether there is anything that we need to do to make sure that we are being fair.

What gender are you? (Please tick)

Female		Male	
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What age group are you? (pleas tick)

Under 16		40 – 49	
16 – 19		50 – 59	
20 – 29		60 – 69	
20 - 39		70 and over	

What is your ethic group?

Choose ONE section from A to E, then tick the appropriate box to indicate your ethic group

A White

British		
Any Other White background, <i>please write in</i>		

B Mixed

White and Black Caribbean		
White and Black African		
White and Asian		
Any Other Mixed background, <i>please write in</i>		

C Asian or Asian British

Indian		
Pakistani		
Bangladeshi		
Any Other Asian Background, <i>please write in</i>		

D Black or Black British

Caribbean		
African		
Any Other Black background, <i>please write in</i>		

E Chinese or other ethnic group

Chinese		
Any Other, <i>please write in</i>		

How do you define your sexuality?

Heterosexual		Bisexual	
Lesbian		Gay Man	
Other, <i>please write in</i>			

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OTHER INFORMATION

Please use the space below to give any other information relevant to this referral

Completed by	
Date	