

Referrer Initial Contact form

Date of referral :

Name of referrer	
Local Authority/Commissioning Authority	
Contact details – Phone and email please	
Placement type required (residential, supported living, outreach, forensic)?	
Service User Name	
Male/female	
Date of Birth	
Diagnosis and additional information regarding conditions (please include any mental health diagnosis)	
Current living arrangements? Why seeking move? If currently inpatient, why?	
How imminent does move need to be?	
Challenging behaviour (please include those that challenge the service user, their team and the service) How is this displayed? (eg: verbal/physical aggression, self-harm, etc) Who is this aimed at? Triggers?	

Any forensic/offending history? Any risk assessment tools completed? (eg: HCR20)	
Any psychiatry/ psychology / additional professionals' involvement?	
ADDITIONAL INFORMATION	

Please return to collette@cartrefhomes.co.uk