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PCT DIAMOND CARE SERVICES LIMITED

Care Referral Form

(Please complete in block letters only)

Referral Made By

Your first name(s): _____ **Your last name**: _____

Address: _____

_____ Postcode: _____

Day time telephone: _____

Relationship: _____

Date: _____

Have you discussed & obtained agreement for this referral? YES ☐ NO ☐

If no – does it meet one of criteria to continue without permission? Mental Health / Abuse or neglect /At risk

Referral and Basic Information

First name(s): _____ **Last name**: _____

Known as: _____ Title: _____

Address: _____

_____ Postcode: _____

Day time telephone: _____ Home telephone_____

Mobile telephone: _____ Email: _____

Date of birth: _____ Gender: Male ☐ Female ☐

Ethnicity:	**Language:**	**Religion:**	**Occupation:**

Accommodation type: House ☐ Bungalow ☐ Flat(Ground Floor) ☐ Flat(1st Floor) ☐ Flat(2nd Floor or higher) ☐ Sheltered ☐	Tenure: Owner ☐ Private rented ☐ Rent Free ☐ Social Rented ☐
Household Composition: Couple ☐ Multiple ☐ Single ☐ Single with Children ☐ 2 adults + children ☐ Extended family group ☐	
Alerts: Cared for ☐ Cares for another person ☐ Has allergies ☐ Requires Interpreter ☐ Requires Signer ☐ Has Pet(s) ☐	

Reason for Referral

Why is an assessment needed? What difficulties is the person having? What sort of help is requested? Are there other areas where help may be needed? Are there allegations of abuse or neglect? How urgently is help needed?

Hospital

Is the person currently in hospital? YES ☐ NO ☐

If yes, Release Date:

Health Conditions or Disabilities

Has the person been referred to other teams or agencies? YES ☐ NO ☐

If yes, Details of referral:

Current Support Detail any help or support received:

Communication needs **YES** ☐ **NO** ☐

If yes, Details:

GP Details

Name: _____ Practice: _____

Address: _____

_____ Telephone: _____

Next of kin/person (1) to contact in an emergency

Name: _____ Relationship : _____

Address: _____

_____ Telephone: _____

Next of kin/person(2) to contact in an emergency

Name: _____ Relationship : _____

Address: _____

_____ Telephone: _____

Any known hazards to Lone Workers YES ☐ NO ☐