Wakefield specialist adult learning disability health service

**REFERRAL FORM**

**Client Information:**

|  |  |
| --- | --- |
| **First Name**:  | **Surname**:  |
| **NHS No.**:  | **RiO No.**:  |
| **DOB**:  | **Marital Status**: |
| **Gender** :  | **Religion**: |
| **Ethnicity**: | **Preferred Language**: |
| **Address:** **Post Code:** **Landline Tel:** **Mobile Number:****Email Address:** | **GP Name:** **Surgery Name:** **GP Address:** **Postcode:** **Phone Number:**  |
| **Clients Communication Needs:** |
| **Clients Current Medications:** |
| **Any known Allergies:** |
| **Main Carer Name: Relationship:****Telephone Number:****Address:** |
| **Key Relative/Friend Name: Relationship:**(if different from above)**Telephone Number:****Address:** |
| **Other Professionals:****Relationship:** **Organisation:****Telephone Number:****Address:** **Other Identifier** (if known)**:** |  |  |

**Referral Details:**

|  |  |
| --- | --- |
| **Date of Referral:**  | **Time of Referral:**  |
| **Name of Referrer: Relationship:** **Telephone Number: Organisation:****Address:**  |
| **Reason for Referral:** *Explain clearly the presenting issues and your request.* |
| **Desired outcome:** |
| **Does Service User have capacity to consent to this referral?****YES 🞏 NO 🞏 Don’t Know 🞏****Does Service User consent to this referral?** **YES 🞏 NO 🞏 Don’t Know 🞏****If referral made after best interest consideration who is responsible for making this decision?**  |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Letter** |  | **via Carer** |
|  |  |  |  |
|  | **Easy Read Communication**  |  | **via Family Member / Friend** |
|  |  |  |  |
|  | **Mobile Phone** |  | **Other** |
|  |  |  |  |
|  | **Landline** |  |  |
|  |  | (Please state) ………………………………….. |
|  | **Email** |  |

**Preferred method of contacting Service User:** |
| **Form Completed By**:  |
| **Job Title / Role:** |

**Please return this form to :-**

**Via email to:** Wakefield.LD.Duty@swyt.nhs.uk

**Or via post to:** Block 9

Fieldhead Hospital

Ouchthorpe Lane

Wakefield

WF1 3SP

Tel: 01924 316923

**For further information and in all instances where your referral is URGENT, please contact our Duty Worker as above.**