

WATERFIELD SUPPORTED HOMES LIMITED

10 Downhill Road, Catford, London, SE6 1HJ

Referral form

date

NAME:

DOB:

GENDER

ETHNIC ORIGIN

ADDRESS

CURRENT ADMISSION

DATE OF ADMISSION

NEXT OF KIN / ADDRESS:

CHILDREN (IF ANY) AND AGES

SOURCE OF REFERRAL

FUNDING SOURCE

CARE CO-ORDINATOR:

Address

Telephone

RMO

Address

Telephone

GENERAL PRACTITIONER:

Address

Telephone

SOCIAL WORKER

CHILD SW (if applicable)

Address

Telephone

COMMUNITY PSYCHIATRIC NURSE

Address

Telephone

BRIEF MENTAL HEALTH HISTORY AND STATUS

BRIEF PHYSICAL HEALTH CARE NEED

BRIEF FORENSIC HISTORY

DRUG AND ALCOHOL HISTORY

LEGAL STATUS

OUTSTANDING LEGAL ISSUES

LICENCE OF RELEASE FROM PRISON

PROBATION OFFICER

WILL YOU BE ABLE TO PROVIDE COPIES OF THE LAST

CURRENT CARE PROGRAMME APPROACH (CPA) REVIEWS YES/NO

RISK ASSESSMENT YES/NO

CURRENT PSYCHIATRIC REPORT YES/NO

SOCIAL HISTORY REPORT YES/NO

COPY OF LAST MENTAL HEALTH TRIBUNAL REPORT YES /NO

Please post, e-mail or fax completed form to Waterfield Supported homes limited at 10 Downhill road, Catford, London, SE6 1HJ. Phone/ FAX 0208 6976969.