|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Referee Details | | | | | | | | | |
| **Name:** |  | | **Date of Birth:** | |  | | **NHS No:** |  | |
| **Address:** |  | | | | | | | | |
| **Postcode:** |  | | **Telephone No:** | |  | | **Mobile No:** |  | |
| **GP:** |  | | | | | | | | |
| **Address:** |  | | | | | | | | |
|  | | | | | | | | | |
| **Employment:**  (Please select one) | Full-Time | Student | | Self-Employed | | Out of Work (Seeking Work) | | | Sick Leave |
| Part-Time | Retired | | Volunteer | | Out of Work (Not Seeking Work) | | | Other: |

|  |  |  |
| --- | --- | --- |
| Service(s) Requested: *(Please tick all that apply)* | | |
| Day Guest Visits (6 Weeks) *(in response to Coronavirus – COVID-19)* | Gloucestershire Telephone Wellbeing Support *(in response to Coronavirus – COVID-19)* | Overnight Guest Stay (2 weeks)  *(for when the service reopens)* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Referrer Details\* | | | | | |
| **Name:** |  | **Job Title:** |  | **Team:** |  |
| **Organisation:** |  | | | | |
| **Address:** |  | | | | |
| **Postcode:** |  | **Telephone No:** |  | **Mobile No:** |  |
| **E-Mail:** |  | | | | |
| **Address:** |  | | | | |

\*If you are a referrer from an organisation other than Gloucestershire Health and Care NHS Foundation Trust or an NHS GP, please complete the section below:

|  |  |  |
| --- | --- | --- |
| External Referrer Information | | |
| **Are you a Registered Charity?** | Yes | No |
| If yes, please provide your charity number: |  | |
|  | | |
| How long has the referee been known to your organisation? \* |  | |
| How long have you, the referrer, known the referee? |  | |

**\*Please Note**: We are only able to accept referrals if the referee has been known by your organisation for a minimum of six  
months.

|  |  |  |  |
| --- | --- | --- | --- |
| Referee Emergency Contacts\*  (Please provide a MINIMUM of two Emergency Contacts) | | | |
| **Name:** |  | **Name:** |  |
| **Relationship:** |  | **Relationship:** |  |
| **Telephone Number:** |  | **Telephone Number:** |  |

**\*For Overnight Guest Stay Only**: We will need to contact the referee’s emergency contacts to ensure a contingency plan is put in place. This will be completed just before a stay commences (if offered). It is important that the emergency contacts listed above are aware of the referee’s stay (if offered) – as the referrer you are also permitted to include your contact details as an emergency contact if appropriate.

|  |  |  |  |
| --- | --- | --- | --- |
| Reason for Referral (Please select only ONE option) | | | |
| Break from Family | Social Isolation | Anniversary/Time of Year | Break from Current Situation |
| Part of Wellbeing Plan | Low Mood/Anxiety | Low Stimulus Needed | Step Down Approach |

|  |
| --- |
| Please provide further information on the reason for the referral: |
|  |

|  |  |  |
| --- | --- | --- |
| **For Overnight Guest Stay Only** / Accommodation Status  What type of accommodation does the referee reside in? | | |
|  | | |
| **For Overnight Guest Stay Only** / Accommodation Management | | |
| Can the referee return to their accommodation during or after a stay at Alexandra Wellbeing House? | Yes | No |

|  |
| --- |
| Mental and Physical Health Diagnoses  (Please also include any autism spectrum disorders, communication needs and/or any learning difficulties) |
|  |

|  |  |  |
| --- | --- | --- |
| Medication | | |
|  | | |
| Medication Management | | |
| Can the referee manage medication independently?  (i.e. self-medicate) | Yes | No |

|  |  |
| --- | --- |
| Risk Assessment Attached? | |
| Yes | No\* |

\*If no, we may request additional information from you pending on how much information is included in this referral.

**- If you are referring from Gloucestershire Health and Care NHS Foundation Trust, we request that you also include a clinical risk assessment within the last month i.e. from RIO or IAPTUS.**

**- If you are referring from an external organisation, please also include an internal risk assessment within the last month.**

**- If you are referring from a GP Surgery, please also include any relevant information i.e. cover letter outlining any other additional health and wellbeing records that will aid the referral decision-making process.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Risk of Harm to Self | | | | |
| Low | Medium | | High | |
| Risk Factors: | | | | |
| Self-Harm | Suicidal Ideation | | Memory | |
| Self-Neglect | Suicide Attempt | | Other:  (Please state) | |
| **Evidence:** | | | | |
| Does the referee have current suicidal intent or plans? | | Yes | | No |

|  |  |  |
| --- | --- | --- |
| Psychological Health | | |
| Low | Medium | High |
| Risk Factors: | | |
| Anxiety | Depression | Dissociation |
| Hallucinations | Paranoia/Delusions | Other:  (Please state) |
| **Evidence:** | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Alcohol, Drug and Medication Misuse | | | | |
| Low | Medium | | High | |
| Risk Factors: | | | | |
| Alcohol Misuse | Illicit Substances/Drug Misuse | | Unsafe Use of Medication | |
| **Evidence:** | | | | |
| Is the referee able to abstain from alcohol and drugs whilst receiving support from Alexandra Wellbeing House? | | Yes | | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Physical Health | | | | |
| Low | Medium | | High | |
| Risk Factors: | | | | |
| Pre-Existing Medical Condition | Epilepsy | | Falls | |
| Mobility | Seizures | | Other:  (Please state) | |
| **Evidence:** | | | | |
| **For Overnight Guest Stay Only** / Is the referee able to climb a flight of stairs independently? | | Yes | | No |

|  |  |  |
| --- | --- | --- |
| Risk of Harm from Others | | |
| Low | Medium | High |
| Risk Factors: | | |
| Adult Safeguarding | Domestic Abuse | Psychological Harm |
| Financial Abuse | Physical Harm | Sexual Exploitation: |
| **Evidence:** | | |

|  |  |  |
| --- | --- | --- |
| Risk of Harm to Others | | |
| Low | Medium | High |
| Risk Factors: | | |
| Exploitation of Others | Risk to Children/Vulnerable Adults | Sexual Assault |
| Violence, Aggression and/or Abuse to Family | Violence, Aggression and/or Abuse to General Public | Violence, Aggression and/or Abuse to Staff |
| **Evidence:** | | |

|  |  |  |
| --- | --- | --- |
| Environmental Risks | | |
| Low | Medium | High |
| Risk Factors: | | |
| Absconding | Accidental Harm to Self | Driving/Road Safety |
| Hoarding | Wandering | Other:  (Please state) |
| **Evidence:** | | |

|  |  |  |
| --- | --- | --- |
| Incidents Involving Police | | |
| Low | Medium | High |
| Risk Factors: | | |
| Arson | Damage to Property | Forensic History |
| Possession of Weapons | Theft | Other:  (Please state) |
| **Evidence:** | | |

|  |  |  |
| --- | --- | --- |
| Overall Risk Rating | | |
| Low | Medium | High |

|  |
| --- |
| Summary |
|  |

**In line with General Data Protection Regulation (GDPR), you confirm that the referee has provided consent for you, the referrer, to contact Alexandra Wellbeing House and for Alexandra Wellbeing House to contact the person being referred.**

**As the referrer, you also confirm that all the information is true and correct to the best of your knowledge.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Signature: |  | Date: |  |

**Please send the completed referral form via email to:**

|  |  |
| --- | --- |
| E-mail: | [sg.mind@ghc.nhs.uk](mailto:sg.mind@ghc.nhs.uk) |

**If you have any further queries or would like additional information about Alexandra Wellbeing House, please contact us via the details below:**

|  |  |
| --- | --- |
| E-mail: | [alexwellbeing@sgmind.org.uk](mailto:alexwellbeing@sgmind.org.uk) |
| Telephone: | 01452 245 338 |
| or | |
| Services Manager: | Mr. Ieuan Edwards *(MSc, MBPsS, DCP)* |
| E-mail: | [ieuanedwards@sgmind.org.uk](mailto:ieuanedwards@sgmind.org.uk) |

**Please Note**: We aim to book all assessments within 14 days of the referral being received. If the assessment is not completed within 30 days of the referral being received, the referral will be closed, and a re-referral will be required.

**Thank you for taking the time to complete this referral.**