



Referral Form

Please complete all sections and return form to Alexandra Homes by post:
Yvonne Hin, 250 Wells Road, Knowle, Bristol, BS4 2PN or Email:

referrals@alexandrahomes.co.uk

This form is available electronically

| Referrer's Details | |
|-----------------------|-------------------|
| Date: | Contact Address: |
| Name of Referrer: | |
| Designation: | Post Code: |
| Name of Organisation: | Contact Phone No: |
| Email Address: | |

| Client's Details | | |
|-----------------------------------|--|-----------------------------------|
| Full Name: | | |
| Male/Female | Date of Birth: | Current Age: |
| Marital Status | Ethnic Group: | Client's 1 st Language |
| Client's Last Known Home Address: | | |
| Postcode: | | |
| NHS Number: | Year of First Mental Health Treatment: | |
| Last Known G.P.'s Name: | G.P.'s Address: | |
| G.P.'s Contact Phone No: | Postcode: | |

Summary of Diagnosis/Main Needs to be Met

| | | | | | |
|---------------------|--|-----------------|--|----------------------|--|
| Asperger's syndrome | | Depression | | Personality Disorder | |
| Autism | | ADHD | | Learning Disability | |
| Schizophrenia | | Eating Disorder | | Psychosis | |

Please give details:

Please attach any supporting referral documentation*

Any other relevant information e.g. chronic physical illness/disability

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Please advise if the Client has been referred to any other organisation

Name of Organisation:

- 1.
- 2.
- 3.

Reason for Referral (please tick relevant boxes)

| | | | |
|---|--------------------------|---|--------------------------|
| Specialist service offered at Alexandra Homes Ltd | <input type="checkbox"/> | Alexandra Homes Ltd reputation/recommendation | <input type="checkbox"/> |
| Location | <input type="checkbox"/> | Cost | <input type="checkbox"/> |
| CQC Report/Status | <input type="checkbox"/> | No local facility available | <input type="checkbox"/> |
| Local facility is full | <input type="checkbox"/> | Other, please state: | <input type="checkbox"/> |
| | <input type="checkbox"/> | | |

* This information will be held securely under the Data Protection Act. The information will not be released without further consent from the originating organization. Your details will be held in a database and may be used for marketing purposes by Alexandra Homes Ltd.

If you object to us sending you details of our services please sign here:

Risk and Challenging Behaviours

| | Past | Current |
|------------------|------|---------|
| Risk to Self | | |
| Risk to Others | | |
| Sexual Offending | | |
| Arson | | |

Placement Profile Required

Outline of Placement Profile Required (For example, age, gender, specific staffing levels, type of environment required)

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Past Psychiatric History

Medical History

Past Treatments (pharmacological, psychological and other)

Developmental and Personal Details

Family Details**Educational and Occupational Details****Psychosexual History****Forensic History**

Details of any Safeguarding Referrals & the Outcome

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Details of any alcohol and Illicit substance use

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Has the client been subject to a Multi-Agency Public Protection Panel Arrangement referral or meeting? Please provide details

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Current Mental State

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Current Medication

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Current Interventions e.g. Psychological, OT, Nursing

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Client's view of Referral

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Family/Carer's view of Referral

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Next of Kin:**Address****Nearest Relative
(for purposes of Mental
Health Act)****Address****Main Contact Person
(if different from next of kin)****Address****CPA Reviews****Date of Last CPA Review****Date of Next CPA Review**

Supporting Documentation:

Please list, using the box below, all the documents, assessments and reports that you are sending in support of this referral. Please insert more rows, as required.

Important Note: We will rely on the information you send to inform our own assessment process and when devising an appropriate Support Plan & Risk Assessment, if a placement is accepted

| Document Name/Type | Document Date | Document Author | Please tick to confirm that you have included the document |
|--------------------|---------------|-----------------|--|
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We remind you of the expectation that you contact the host local authority when considering out of area placements. When considering placements in the Bristol City Council area do contact the Safeguarding Adults team on 0117 9036629 to discuss the setting you are considering.

Please return to:
Alexandra Homes, 250 Wells Road, Knowle, Bristol, BS4 2PN
Marked for the attention of John Duggan / Yvonne Hin