



Unit 23,
806 High Road Leyton,
Leyton,
London E10 6AE.
Visit: www.jsrlocums.co.uk

JSR Healthcare Referral Form

(To be completed by **referring agency**)

PLEASE COMPLETE AND RETURN THIS FORM TO THE MANAGER AT:

Unit 23
806 High Road Leyton,
Leyton,
London E10 6AE.
Tel 020 7870 8424
Email: info@jsrlocums.co.uk

Clients Details

Surname:

Forenames:

Current Address:

Postcode:

Telephone:

Gender:

Date of Birth:

Age:

Religion:

Legal Status:

Next of Kin:

Phone:

Address:

Other professionals involved

GP:

Tel:

Consultant:

Tel:

CPN:

Tel:

CPA Care Coordinator:

Tel:

Social Worker/ Care Manager:

Tel:

Other relevant professionals e.g. Rehab Workers (please specify)

Please attach a report on social and family history including a psychological history for Mental Health referrals. Please note referrals cannot be accepted until these are received.

Please give the reasons for your involvement with the client and what ongoing support will be offered by you or your agency during their stay at this project and for how long?

Please give a brief mental health history:

Are there any of the following health and safety issues present?

Previous attempted self harm YES NO

Previous serious self neglect YES NO

Endangered the safety of others/property YES NO

Substance abuse YES NO

Lack of health & safety awareness YES NO

Is taking medication an issue YES NO

If you answered YES to any of the above, please provide brief details here:

Are there any other health needs? E.g. epilepsy, diabetes, mobility issues:

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What type of support is provided at present?

24 hour support	YES	NO
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Part time Support	YES	NO
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No support	YES	NO
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Active night support	YES	NO
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Does the client require support with:

Community Access	YES	NO
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Personal Care	YES	NO
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Household Tasks	YES	NO
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Appointments	YES	NO
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Communication	YES	NO
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Religious & Cultural needs	YES	NO
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Special Dietary Requirements	YES	NO
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Other Specific needs:

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What are the client's financial arrangements?

Is there an appointee or a similar arrangement? YES NO

Is support with finances required? YES NO

Do they have any Bank/ Building Society accounts? YES NO

Do they currently pay rent? YES NO

Do they currently receive Housing Benefit? YES NO

Do they receive any other benefits? YES NO

Please provide brief details on level of financial support required:

What in your opinion is the client's ability to make an informed choice?

What support do you feel the client will require from our service?

DECLARATION

TO THE BEST OF MY KNOWLEDGE THE INFORMATION GIVEN IS CORRECT. I UNDERSTAND THAT GIVING FALSE INFORMATION TO OBTAIN A TENANCY COULD LEAD TO THIS CLIENT LOSING THEIR TENANCY.

Signed:

Date:

Print Name:

Position:

Name of Referring Agency:

Address:

Post Code:

Telephone:

Email: