Office 102,
Regent 88, Unit 3
210 Church Road, Leyton
E10 7JQ
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:

Office 102,
Regent 88, Unit 3
210 Church Road, Leyton, E10 7JQ
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 <u>your</u> involvement with the client and what ongoing support will be offered by <u>you</u> or <u>your agency</u> 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:

What type of support is provided at present?

24 hour support	YES	NO
Part time Support	YES	NO
No support	YES	NO
Active night support	YES	NO

Does the client require support with:

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

Other Specific needs:

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: