

REFERRAL INFORMATION			
Date of Referral:		Type of Service Required:	<input type="checkbox"/> Residential Care <input type="checkbox"/> Supported Living
Date Placement Required By:		Preferred Location/s:	<input type="checkbox"/> <b>Chilwell House</b> (Ilkeston, Derbyshire) <input type="checkbox"/> <b>Dovecote</b> (Beeston, Nottinghamshire) <input type="checkbox"/> <b>Goldhill House</b> (Chesterfield, Derbyshire) <input type="checkbox"/> <b>Jubilee House</b> (Chesterfield, Derbyshire)

CLIENT'S DETAILS			
Title:		Ethnicity:	
Full Name:		NHS No:	
Date of Birth:		Commissioning CCG:	
Gender:		Responsible Local Authority:	
Preferred Gender Pronoun/s:			

REFERRER'S DETAILS			
Name:		Contact Address:	
Preferred Gender Pronoun/s:		Postcode:	
Job Title:		Email address:	
Name of Organisation:		Telephone / mobile:	

CLIENT'S CURRENT PLACEMENT DETAILS			
Placement Name:		Placement Address:	
Contact name / lead:		Postcode:	
Date admitted:		Telephone:	

RELEVANT CONTACTS			
	Name:	Telephone:	Address:
Social Worker:			
Care-Coordinator:			
Other Key team members:			

Why has the referral been made? What has been happening with the client currently?

**What is the client's view of a placement with Aspire?**

**What is the referrer's desired outcome of the placement?**

**Client's mental health history (including previous placements and involvement with services, forensic history and relevant information):**

**Family / Carer's involvement in the client's care/support and Family / carer's view of the referral:**

PHYSICAL HEALTH	
<b>Does the client have any mobility issues?</b> (If yes, please detail)	
<b>Any other physical health needs?</b> (and how these are currently managed)	
<b>Does the client require any personal care?</b> (If yes, please detail)	
<b>Any known drug allergies / sensitivities?</b> (If yes, please detail)	
<b>Is the client actively withdrawing from drugs or alcohol?</b>	

**MEDICATION**

What is the client currently prescribed?	<b>Name</b>	<b>Dosage</b>	<b>Frequency</b>	<b>Start Date</b>
When was their medication last reviewed?				

RISK MANAGEMENT	
Any previous or current safeguarding's: (Are these still a current risk or concern?)	
Current risk factors:	
Historical risk factors:	
How are current risk factors being managed?:	
Frequency and severity of incidents within the last 6 months:	
Any known triggers? How are these avoided or supported?	
Is the client currently accessing the community independently or being escorted?	

ACTIVITIES OF DAILY LIVING (ADL's)	
What support does the client require in relation to ADL's?	
Which activities do they enjoy?	
What are their goals? What has been put in place previously to support them achieving these?	

Additional Documentation		
Where these documents are applicable and available, we would appreciate you sharing them with us to support us in our consideration of the referral:		
Information	Provided to Aspire Health & Care	
	YES	NO
Care Plan	<input type="checkbox"/>	<input type="checkbox"/>
Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>
Incident Log	<input type="checkbox"/>	<input type="checkbox"/>
Last Psychology Report	<input type="checkbox"/>	<input type="checkbox"/>
Last Occupational Therapy Report	<input type="checkbox"/>	<input type="checkbox"/>
Recent Mental Health Tribunal Report	<input type="checkbox"/>	<input type="checkbox"/>
Recent Inpatient Nurse and Consultant Psychiatric Assessment / Reports	<input type="checkbox"/>	<input type="checkbox"/>
Other (list):		

<b>Any additional information to be considered:</b>

How did you hear about us?			
Search Engine	<input type="checkbox"/>	Website	<input type="checkbox"/>
Social Media	<input type="checkbox"/>	Brochure	<input type="checkbox"/>
Email	<input type="checkbox"/>	Word of mouth	<input type="checkbox"/>
Other Marketing (vehicles, marketing materials)	<input type="checkbox"/>	Other (describe)	<input type="checkbox"/>

## Referral Form

Please return your completed referral form, together with any supporting documentation to [referrals@aspiremhc.co.uk](mailto:referrals@aspiremhc.co.uk)