



29 Filton Ave, Horfield, Bristol BS7 0AQ

Mental Health Support Services Ltd.

Tel: 0117 9525117 Fax: 0117 9525117

REFERRAL FORM

<u>Name:</u>	<u>Date:</u>
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<u>Address:</u>

<u>D.O.B</u>	<u>NI. Number:</u>
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<u>Care coordinator:</u>	<u>Tel:</u>
<u>Address:</u>	

<u>Consultant:</u>	<u>Tel:</u>
<u>Address:</u>	

<u>C.P.N / O.T / Other:</u>	<u>Tel:</u>
<u>Address:</u>	

<u>Next of Kin:</u>	<u>Tel:</u>
<u>Address:</u>	

<u>Current G.P & Address:</u>
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<u>Diagnosis:</u>

<u>Duration of Illness:</u>

Key Support & Care Needs:

Is it cyclic / Any significant Patterns:

Coping Mechanisms:

Any drink or drug related problems past/present:

Comment on any physical/verbal abuse or aggression past/present:

Has he/she ever been under section if yes please give reason/details

What support network will be in place

How would he/she relate to others in a shared house

Have any previous placements failed? If so why

Please give a history of illness or any other relevant information (Also please send the most recent ICPA notes, our internal risk assessment and a formal risk assessment with full chronological history of any aggressive, violent or criminal acts).

Estimated date for placement to commence

Sign:

Date:

OFFICE USE:

<u>Placement Offered</u>	Yes	No	Date
<u>Reason Placement Not Offered</u>			
<u>Reason Placement Declined (if known)</u>			
<u>Has an Explanation Letter Been Sent</u>	Yes	No	Date
<u>Was the Application Treated Fairly in line with the Equal Opportunities Policy (2 sign)</u>	Yes	No	2 Sign



Initial Needs and Risk Assessment Form

Service User Name:

Completed by:

Date:

.....

.....

.....

The needs of service users and any inherent risks need to be assessed on a consistent and comprehensive basis prior to a service being offered and following a critical incident.

GENERAL AREAS OF NEED

(Circle appropriate level. Low implies it is not an area of particular need/minimal or no support is required)

1. Budgeting and managing finances

Low Medium High

2. Claiming welfare benefits

Low Medium High

3. Maintaining the home

Low Medium High

4. Maintaining the placement

Low Medium High

5. Cultural and Faith Needs

Low Medium High

6. Use of other support services

Low Medium High

7. Family and Social Contacts

Low Medium High

8. Social and Leisure Interests

Low Medium High

9. Training and Education

Low Medium High

10. Voluntary Work

Low Medium High

11. Move-on Aspirations

Low Medium High

12. Any other factors raised by prospective service user/yourself
note;

Low Medium High

HIGH RISK AREAS

Circle appropriate level: 1=low risk, 3= medium risk, 5=high risk. A number of scores of 4 and over are a cause for concern and suggest an alternative service may be more appropriate (prospective resident) or a comprehensive external support package is required.

1. Mental Health and Emotional Wellbeing

1 = Do not foresee particular problems/staff should be equipped to deal with service user

3 = Moderate - occasional fluctuations but with some stability

5 = Very unstable emotionally/complex problems - level of need staff may not be equipped to deal with

1 2 3 4 5

2. Medication

1 = History of consistent and reliable self medication

3= History/circumstances suggest self medication may be inappropriate

5= Staff will need to medicate and there is a history of inappropriate use/abuse of medication

1 2 3 4 5

3. Physical health

1 = Good physical health/no issue

3 = Problems related to physical health and/or receiving treatment re this

5 = Extreme level of need in this area

1 2 3 4 5

4. Self care & hygiene

1 = Good self care & hygiene/no issue

3 = Has a history of problems &/or needs support in this area

5 = Extreme level of need in this area

1 2 3 4 5

5. Substance Misuse

1 = No history of current misuse and/or desires to misuse

3 = Has had a history of misuse but this has not been a problem recently

5 = History of misuse and/or has misused recently. A pattern of negative (aggressive) behaviour when misuse.

1 2 3 4 5

6. Alcohol

1 = No history or current issue/problem re alcohol consumption

3 = A number of previous incidents highlight concerns regarding alcohol consumption and issues or problems related to this

5 = Both previous history and current circumstances highlight significant harmful and uncontrollable drinking

1 2 3 4 5

7. Personal safety and risk (inc self harm &/or risk of abuse)

1 = No history/current circumstances that affect personal safety and/or risk

3 = A number of previous incidents highlight concerns for personal safety and/or risk

5 = Both previous incidents and current circumstances highlight great concerns or danger re personal safety and/or risk

1 2 3 4 5

8. Safety and Security of the home

1 = No issues that may significantly affect the safety and security of the home

3 = A small number of concerns that may affect the safety and security of the home (eg; aggression, violence, theft, or history of problems with other tenants etc)

5 = Recent &/or many concerns that are likely to have a direct affect on the safety and security of the home

1 2 3 4 5

9. Risks to staff and Community

1 = Past history or current circumstances do not highlight any apparent risks to either staff or community

3= There are a small number of risks highlighted by either past history or current circumstances

5 = Prospective resident can be a great risk to staff and/or community

1 2 3 4 5

10. Legal Issues / Offending Behaviour

1 = Past history or current circumstances do not highlight any issues/behaviour

3= There are a small number of issues highlighted by either past history or current circumstances

5 = Significant and substantial legal issue &/or past/current offending behaviour

1 2 3 4 5

General Risk

Rate each item in the appropriate category on a severity scale of 1-5
(1 being least risk, 5 being highest)

Behaviour

	<u>CURRENT:</u> (1-5)	<u>LAST 2 YEARS:</u> (1-5)	<u>HISTORICAL:</u> (1-5)
• <u>Dangerous or threatening actions</u> (self)	----	----	----
• <u>Dangerous or threatening actions</u> (other)	----	----	----
• <u>Verbal risks</u> (aggression or difficulties with staff or other service users)	----	----	----
• <u>Deliberate self-harm</u>	----	----	----
• <u>Violence</u>	----	----	----

Affect

• <u>Anger</u>	----	----	----
• <u>Hostility</u>	----	----	----
• <u>Irritability</u>	----	----	----
• <u>Suspiciousness</u>	----	----	----
• <u>Fear</u>	----	----	----
• <u>Low mood</u>	----	----	----
• <u>Elevated mood</u>	----	----	----

Cognition

- Thoughts or fantasies of deliberate self harm ---- ---- ----
- Thoughts or fantasies of harming others ---- ---- ----
- Persecutory thoughts, delusions ---- ---- ----
- Confusion ---- ---- ----
- Command hallucinations ---- ---- ----
- Preoccupation ---- ---- ----
- Obsessive behaviour/actions ---- ---- ----

Possible Stressors

- Substance use ---- ---- ----
- Intoxication ---- ---- ----
- Relationships ---- ---- ----
- Presence or absence of support ---- ---- ----
- Presence or absence of treatment ---- ---- ----
- Non-compliance with treatment ---- ---- ----
- Persecution or threats from others ---- ---- ----
- Arrest or criminal charges ---- ---- ----
- Loss including death of a peer ---- ---- ----
- Financial stress ---- ---- ----

Service User's Attitude

- Co-operation ---- ---- ----
- Refusal to cooperate ---- ---- ----
- Poor relationships with care/support staff ---- ---- ----

For any other risks, including sexual incidents, violence or arson use the space below to give details:

Any further comments (including any comments from service user):

Completed By:

Date:

Signature:

_____ Please return all documents to _____
Keystones, 29 Filton Av, Horfield, Bristol, BS7 0AQ, info@keystonescare.co.uk Tel; 0117 9525117