This form is to be used by **professionals only** for the purpose of referring an individual for care and support. If you are a prospective client. Then please self-refer by contacting us on 01326 617330. Please send completed referral forms to wcc.referrals@nhs.net

Health & Social Care Professional:

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Organisation |  |
| Contact No. |  | Email: |  |

Client Information:

|  |
| --- |
| **Personal Demographic Data** |
| Name: |  | DOB: |  |
| Address |  |
| Contact No. |  | Email: |  |
| Religion |  | Pronouns |  |
| **Health/Medical Information** |
| GP Name |  | Practice: |  |
| Telephone No. |  | NHS No: |  |
| Emergency Contact: |  |
| Past Medical History: |
|  |
| Current medication |
|  |
|  Please give an outline of the clients anticipated support needs. |
|  |
| **Risk Assessment & Funding** |
| Any history of Violence & Aggression? |  | Any history of Drugs & Alcohol use? |  |
| Self Funding ⃣ | LA Funding ⃣ | CFT/KCCG Funded ⃣ | Other ⃣ |