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](mailto:wellcarekernow.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 ⃣ |