**Referral Form**

Please ensure all questions on the referral form are completed in full.

**Incomplete referral forms may slow down the referral process**

Email completed electronic forms to **reception@optionsforlife.info** or alternatively send by post to: **Oak Green Lodge, Oak Green Way, Oldbury, B68 8LR**

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| **Details of person being referred/self-referral** | | | | | | | | | | | | | | | |
| **Full Name** |  | | | | | **Date of birth** | | | |  | | | | | |
| **Male / Female** | | | |  | | | | | |
| **Address**  **Postcode** |  | | | | | **Date form completed** | | | |  | | | | | |
| **Is the above address…** | Family home | |  | Supported accommodation | | |  | | | | Residential accommodation | | |  | |
| **Contact details** | Phone Number: | | | | | Email: | | | | | | | | | |
| **Ethnicity** | ***White***  English 🗆 Welsh 🗆 Scottish 🗆 Northern Irish 🗆 Irish 🗆  British 🗆 Gypsy or Irish Traveller 🗆 Prefer not to say 🗆  Any other white background, please write in:  ***Mixed/multiple ethnic groups***  White and Black Caribbean 🗆 White and Black African 🗆  White and Asian 🗆 Prefer not to say 🗆  Any other mixed background, please write in:  ***Asian/Asian British***  Indian 🗆 Pakistani 🗆 Bangladeshi 🗆 Chinese 🗆 Prefer not to say 🗆  Any other Asian background, please write in:    ***Black/ African/ Caribbean/ Black British***  African 🗆 Caribbean 🗆 Prefer not to say 🗆  Any other Black/African/Caribbean background, please write in:  ***Other ethnic group***  Arab 🗆 Prefer not to say 🗆 Any other ethnic group, please write in:  Other (please specify) | | | | | | | | | | | | | | |
| **Language spoken** |  | | | | **Religion** | | |  | | | | | | | |
| **Main Carer’s Details** | | | | | | | | | | | | | | | |
| **Full Name** | |  | | | **Relationship** | | | |  | | | | | | |
| **Address**  **Postcode** | |  | | | | | | | | | | | | | |
| **Telephone** | |  | | | **Email** | | |  | | | | | | | |
| **Next of kin** | | | | | | | | | | | | | | | |
| **Full Name** | |  | | | **Relationship** | | | |  | | | | | | |
| **Address**  **Postcode** | |  | | | | | | | | | | | | | |
| **Telephone** | |  | | | **Email** | | |  | | | | | | | |
| **Can the main carer be contacted in an emergency?** | | | | | | | | **Yes** | | | |  | **No** | |  |
| If ‘no’ please give an alternative contact: | | | | | | | | | | | | | | | |
| **Full Name** | |  | | | **Relationship** | | | |  | | | | | | |
| **Address**  **Postcode** | |  | | | | | | | | | | | | | |
| **Telephone** | |  | | | **Email** | | |  | | | | | | | |

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| **Referrer’s Details - If agency/parent/carer** | | | |
| **Name** |  | | |
| **Position and Agency (if not main carer)** |  | | |
| **Address**  **postcode** |  | | |
| **Telephone** | Landline: | | Mobile: |
| **Email** |  | | |
| **GP Details** | | | |
| **Name** |  | | |
| **Address**  **postcode** |  | | |
| **Telephone** |  | | |
| **Who is the main point of contact regarding this referral…** | | **Name:**  **Relationship:**  **Contact details:** | |

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| **Consent to sharing information** | | | | | |
| **Can the person understand that you are making this referral?** | **Yes** | | | |  |
| **No, but where possible and appropriate I have consulted with other family/carers and those close to the person and I consider it to be in their best interests to share their information.** | | | |  |
| **If the person is able to understand, please confirm you have explained to the person to be referred….** | | | | | |
| **That you have made this referral** | | **Yes** |  | **No** |  |
| **That their information will be shared with Options for Life** | | **Yes** |  | **No** |  |

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| **Reason you are making this referral** |  |
| **Please specify:**  **Funding provider**  **(SPOT, CCG, Direct)** |  |
| **How many days a week are you looking for at Options for Life (1 day, 2 days , full week)** |  |

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| **Information about the person’s Disability, Health and Medical Conditions** | | | | | | | | | | | | | | | | | | | |
| **Has there been a documented diagnosis of a learning disability** | | | | | | | **Yes** | | |  | | | | **No** | | |  | | |
| **Level, if known** | **mild** |  | **moderate** | |  | **severe** | |  | **profound** | | | | |  | | **not known** | | |  |
| **Are there any other diagnoses i.e.: Anglemans Syndrome, Downs Syndrome etc.** | | | | | | |  | | | | | | | | | | | | |
| **Is the person on the GP Learning Disability Register** | | | | | | | **Yes** | | |  | | | **No** | | |  | | | |
| **Did they attend a special school** | | | | | | | **Yes** | | |  | | | **No** | | |  | | | |
| **If yes, what school?** | | | | | | |  | | | | | | | | | | | | |
| **Do you give Options for Life permission to request information from the school if relevant?** | | | | | | | **Yes** | | |  | | | **No** | | |  | | | |
| **Documented diagnosis of Autism** | | | | | | | **Yes** | | |  | | | **No** | | |  | | | |
| **Communication – Preferred methods i.e. …Verbal, Symbols, Makaton, pointing leading…** | | | | | | | | | | | | | | | | | | | |
| Please give details and any potential barriers to communication | | | | | | | | | | | | | | | | | | | |
| **Physical Disabilities - physical functioning, mobility (wheelchair/walking Aids), dexterity or stamina** | | | | | | | | | | | | | | | | | | | |
| Please give details | | | | | | | | | | | | | | | | | | | |
| **Sensory Disabilities – include Autism related sensory, sight and hearing** | | | | | | | | | | | | | | | | | | | |
| Please give details and list any aids and adaptations used | | | | | | | | | | | | | | | | | | | |
| **Personal Care Needs – I.e. incontinence pads, toileting etc.** | | | | | | | | | | | | | | | | | | | |
| Please give details | | | | | | | | | | | | | | | | | | | |
| **Medical Needs – i.e.** – Any allergies, Epilepsy (how often seizures occur), Diabetic (type), Dietary (supplements, thickeners, PEG fed (gravity or pump), etc. | | | | | | | | | | | | | | | | | | | |
| Please give details… | | | | | | | | | | | | | | | | | | | |
| **Medication -** Please list below all prescribed medication currently being taken: | | | | | | | | | | | | | | | | | | | |
| **Medication**  **(Name, dose, etc.)** | | | | **What illness/condition does this medication treat?** | | | | | | | **Comments** | | | | | | | | |
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| **Mental Health Needs** | | | | | | | | | | | | | | | | | | | |
| **Does the person have a diagnosed mental health problem?** | | | | | | | | | **Yes** | | |  | | | **No** | | |  | |
| **If ‘yes’, please give details of the diagnosis:** | | | | | | | | | | | | | | | | | | | |
| **Is the person accessing any mental health services? E.g. Psychology, behaviour support, psychiatry.** | | | | | | | | | **Yes** | | |  | | | **No** | | |  | |
| **If ‘yes’, please give details…** | | | | | | | | | | | | | | | | | | | |
| **Is the person accessing any other learning disability and/or autism services?** | | | | | | | | | **Yes** | | |  | | | **No** | | |  | |
| **If ‘yes’ please give details of the other service(s) and the level of support being provided (e.g. 1:1 support)** | | | | | | | | | | | | | | | | | | | |
| **Apart from the learning disability / autism / mental health services listed above, are there any other parties involved in supporting the person? E.g. relatives, friends, occupational therapy, speech and language therapy, respite care, college?** | | | | | | | | | **Yes** | | |  | | | **No** | | |  | |
| **If ‘yes please give details of who supports the person and the level of support being provided:** | | | | | | | | | | | | | | | | | | | |

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| **Risk** | | | | |
| **Is the person vulnerable to risk? (e.g. physical, sexual or financial abuse)** | **Yes** |  | **No** |  |
| **If ‘yes’ please give details:** | | | | |
| **Does the person pose a known risk to themselves?**  **(e.g. substance abuse, suicidal thoughts, self-harm)** | **Yes** |  | **No** |  |
| **If ‘yes’ please give details:** | | | | |
| **Does the person pose a known risk to other people?**  **(e.g. property damage, physical harm, sexual harm)** | **Yes** |  | **No** |  |
| **If ‘yes’ please give details:** | | | | |
| **Does the person pose a known risk to staff and professionals?** | **Yes** |  | **No** |  |
| **If ‘yes’ please give details**: | | | | |
| **Are there any known safeguarding issues that you are aware of?** | **Yes** |  | **No** |  |
| **If ‘yes’ please give details:** | | | | |
| **Does the person have any fears and phobias that we should be aware of?** | **Yes** |  | **No** |  |
| **If ‘yes’ please give details:** | | | | |

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| **Please give any other information you think we will need to know:** |

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| **We need signatures to show that all parties understand and agree to this referral. The EU General Data Protection Regulation (GDPR) replaces the Data Protection Directive 95/46/EC and was designed to harmonise data privacy laws across Europe, to protect and empower all EU citizens’ data privacy and to reshape the way organisations approach data privacy. We need signatures to show that all parties agree to Options for Life holding their personal information. If the person being referred is not able to understand these things, the referrer or the main carer must sign to say that they are referring and providing this information in the person’s best interests.** | | | |
| **Consent from the person being referred / their main carer** | Signature: | Print name: | Date: |
| **Consent from the referrer** (if not the main carer) | Signature: | Print name: | Date: |

**GDPR Statement - The Principles**

Under the GDPR, the data protection principles set out the main responsibilities for organisations.

Options for Life will comply with the GDPR principles, which require that personal data is:

Processed lawfully, fairly and in a transparent manner in relation to individuals

Collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes

Adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed

Accurate and, where necessary, kept up to date

Kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed

Processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures