

Referral Form

Please return to referrals.social@kemh.gov.fk

For advice, please call 27296

You **MUST** complete the highlighted boxes. If the information is not known, then mark it as not known. If the highlighted boxes are not completed then the referral form may be returned to be completed and resubmitted.

Is the Client aware of this referral?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
If not, why not?	<input type="text"/>				

Is the carer aware of this referral	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
If not, why not?	<input type="text"/>				

Has the client / carer given consent for information to be shared, whether in writing or verbally?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
If not, why not?	<input type="text"/>				

Client Details				
Client's First Name	<input type="text"/>	Client's Last Name	<input type="text"/>	
Client known as?	<input type="text"/>	Family previously known?	<input type="text"/>	
Date of Birth	<input type="text"/>	Age <i>Approx age if unknown</i>	<input type="text"/>	
Sex	<input type="text"/>	Ethnic Origin	<input type="text"/>	
First Language	<input type="text"/>	Language issue	<input type="text"/>	
Current Address	<input type="text"/>	Telephone Numbers:	Home	<input type="text"/>
			Mobile	<input type="text"/>
Previous addresses (if applicable)	<input type="text"/>			

Household Members			
Full Name	Date of Birth	Relationship	Has parental responsibility?

Key people to client			
Full name	Date of Birth	Relationship	Address

Your details			
Your name		Your contact Address	
Your Relationship to client			
Reason for referral			
Your contact telephone number(s)		When can we call you back?	
Any alerts / warning signals we should be aware of?			

Known professionals already involved		
Name	Agency	Contact Number

Referral details	
<ul style="list-style-type: none"> • <i>include strengths and difficulties or any specific incidents of concern</i> • <i>Are there any issues which affect parent(s) capacity to respond appropriately to child / young person (e.g. physical / mental illness or disability; learning disability; substance / alcohol misuse; domestic abuse, childhood abuse</i> • <i>relevant information about family history, social integration & functioning; support in wider family / community; housing, employment, income & financial difficulties</i> • <i>What action has referrer already taken</i> • <i>What does referrer expect to happen next (be specific about focus for any assessment)</i> 	
Form completed by:	
Form completed on behalf of:	
Signature:	
Date:	