Referral form

Client ID / ref no.	Case worker		Risk level
Intake date	Referred by	Repeat?	Referral number
		Y / N	

Client details	Name/AKA	DOB & age	Gender identity:

Address	Safe to write?	Alternative address	Safe to write?
	Y / N		Y / N

Telephone		Describe relationship and living arrangements (eg on/off; client lives at mum's/(ex) partner stays over occasionally etc)
Mobile		
Safe telephone / mobile		Drug / alcohol / mental health issues / diagnosis / treatment
Code word/safe time to call		
Other useful tel no. (eg family members / colleague / friend)		Disability / literacy or numeracy difficulties
Ethnicity		
Religion		
Language(s) spoken		Describe employment (eg occupation / unemployed / in training or education / financial status / benefits). Include addresses & contacts)
Translator required?	Y / N	
Immigration status and any concerns		
Sexual orientation		

Partner / ex-partner / family member details	Name/AKA	DOB & age	Gender identity

Address	Drug / alcohol / mental health issues / diagnosis / treatment
	Disability / literacy or numeracy difficulties

Ethnicity		
Religion		
Languages spoken		Describe employment (eg unemployed / benefits / occupation /address/ work contacts
Translator required?	Y / N	
Immigration issues and any concerns		

SIGNIFICANT CONCERNS FLAG (eg staff safety issues / serial or repeat perpetrator /suitable times to call client / HBV / suicide or self-harm concerns / MARAC case)

Children's details	Gender	DOB / age	Is (ex-)partner parent of child / unborn baby? (if not, state who parent is)	Does (ex) partner have PR?	School
Name	M / F			Y / N	
	M / F			Y / N	
	M / F			Y / N	

Is the client pregnant?	Y / N	Due date	
Living arrangements and address (if different to client details above)			
CYPS involvement	Y / N		
Describe involvement			
Flag significant concerns regarding children			

Checklist		
	SafeLives Dash risk checklist completed	Y / N
	Referred to MARAC	Y / N
	ISSP in place	Y / N

Confidentiality and information sharing agreement consented to by client	Y / N Written ☐	Telephone ☐
Service explanation provided	Y / N Written ☐	Telephone ☐
Monitoring and evaluation of data consented to by client	Y / N Written ☐	Telephone ☐
Is there a conflict of interest in this case?	Y / N	If yes, discuss with your manager

Other	

Please complete the form and return to **services@changingsuits.org**