

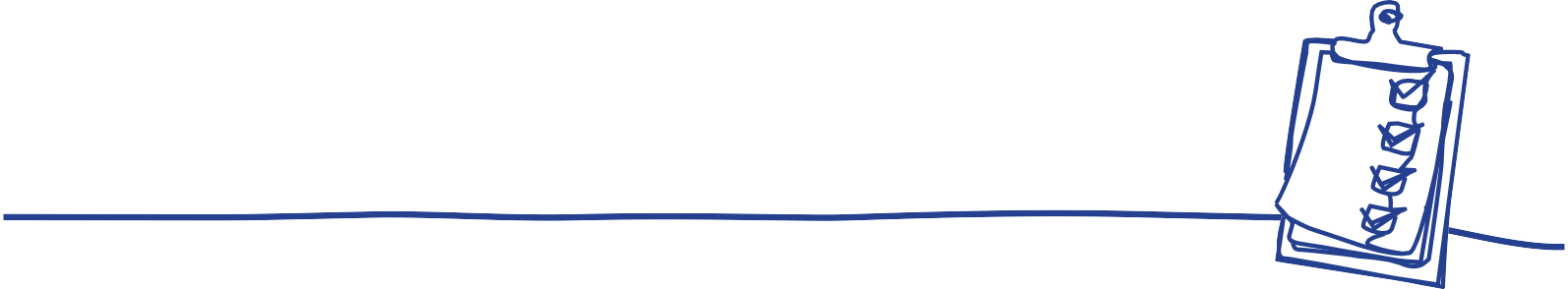
# Active Monitoring Referral Form

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| **Referral Details** | |
| Referral date: | |
| Professional referral | Self-referral |

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| **Client Details** | | |
| Surname: | Forename: | Middle initial: |
| Date of birth: | Gender:  Male  Female  Non Binary  Prefer to self-describe  Prefer not to say | Ethnicity:  Asian  Black  Mixed  White  First language: |
| Trans:  Yes  No | Sexuality:  Heterosexual  Gay/Lesbian  Bi  Prefer to self-describe  Prefer not to say |
| Mobile number:  Landline number: | | |
| Address:  Postcode: | | |
| Does the client have a formal diagnosis of Autism or Learning Need e.g. Dyslexia, please state: | | |

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| **Referrer’s Details** | |
| Name: | Contact Number: |
| Role: | Email: |

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| **Safeguarding and Risk** | | |
| Is there any risk to be aware of? | Yes | No |
| Do you have concerns about the welfare of the client? | Yes | No |
| Action taken: | | |
| **Referral Consent and Permissions** | | |
| Has the reason for the referral been explained to the individual? | Yes | No |
| May we leave a message on your mobile’s voicemail? | Yes | No |
| May we leave a message on your landline? | Yes | No |
| May we text you? | Yes | No |
| May we say who we are if anyone else answers your phone? | Yes | No |
| **Signatures** | | |
| Signature of referrer: | | Date: |
| Signature of Client:  Is this a verbal signature? Yes  No | | |



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| **Reason for Referral** |
| Please describe what is happening, where & when, how often and how long, giving examples (please explain the background, possible trigger factors, trajectory or problem and what has been tried and/or has worked so far): |

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| --- | --- | --- | --- | --- | --- | --- |
| **For office use only** | | | | | | |
| Date received | Received by | Accepted | | Assigned to | Start | End |
|  |  | Yes | No |  |  |  |
| Notes: | | | | | | |