

# 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: |