Lincolnshire Partnership NHS
NHS Foundation Trust

Psychological Services for Adults with Learning Disabilities
INFORMATION GATHERING QUESTIONNAIRE

Name of Client **LD Number**

Name of person collection information

Person Contacted

Relationship to client

Date(s) of attempted contact

Date (s) of actual contact

1. PRELIMINARY INFORMATION (Please list or circle as appropriate)

1.1 Which Placing Authority is the client from?
(if not Lincolnshire was the client placed in Lincolnshire since 1/4/06?)

1.2 Can the person read Yes

1.3 Are there any days which are not suitable for appointments?

Monday☐ Tuesday☐ Wednesday☐ Thursday☐ Friday☐

1.4 Please name the most appropriate venue for appointments Home

1.5 Does the person require support to attend appointments? Yes

If Yes who should be approach to provide this support?

1.6 Has there been any previous assessment of the person's level of learning disability, if so what did the assessment conclude? No Previous Assessment

1.7 How does the person communicate? Verbal

1.8 How much does this person understand? Most of what is said

1.9 How much support does this person receive each week including daytime activities?

1.10 Does this person have any specific documented diagnosis i.e.

Epilepsy	☐
Autism	☐
Down's Syndrome	☐
Fragile X Syndrome	☐
Schizophrenia	☐
None	☐

1.11 Does this person have any sensory impairments or physical disabilities? Yes
If so, please describe

2. INFORMATION RELATING TO CHALLENGING BEHAVIOUR

2.1 Does this person exhibit challenging behaviour of any kind? Yes

IF NOT, PLEASE GO TO SECTION 3

2.2 How frequently (approximately)? Weekly

2.3 Who, or What, is the behaviour directed towards? Self ☐
Others ☐
Objects ☐

2.4 What exactly does the behaviour involve?

Hit or Kick	☐	Shout and Swear	☐
Grab or Push	☐	Make Loud Noises	☐
Head Butt	☐	Display ritualistic or	
Pull Hair	☐	Repetitive behaviour	☐
Scratch	☐	Expose Body Inappropriately	☐
Use Weapons	☐	Refuse to do things	☐
Damage objects/Property	☐	Inappropriate Sexual Beh.	☐

2.5 Are there any other types of behaviour which are difficult to manage?

3. OTHER PROBLEMS

Does this person exhibit any of behaviours detailed below?

Evidence of hallucinations or delusions	☐
Low mood	☐
Mood swings	☐
Difficulty sleeping	☐
Difficulty eating and drinking	☐
Difficulty with Motivation	☐
General difficulty coping with everyday tasks	☐
Relationship difficulties	☐
Adverse reaction to meeting professionals	☐

Alcohol or substance misuse	☐
Making unfounded allegations	☐
None	☐

4. OTHER KNOWN RISK FACTORS OR CONCERNS

4.1 Does this person have any other behaviours which could put themselves at risk? Yes If so please describe below

4.2 Does this person ever a risk to other people i.e. peers, staff, visitors, the public? Yes If so please describe below

4.3 Please provide any further information you have regarding the reason for this referral

Please return this form to: Patricia.cox@lpt.nhs.uk
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