# Lincolnshire Partnership

**NHS Foundation Trust**

## LEARNING DISABILITY SERVICE REFERRAL FORM

**PLEASE COMPLETE ALL SECTIONS OF OUR REFERRAL FORM. INCOMPLETE FORMS WILL BE RETURNED. Please read the accompanying guidance or alternatively contact the hub team for your area to discuss.**

Date of Referral: .......................................... NHS No: ………………………………….

Who is filling this referral form in? …………………………………….

What is your relationship to the Person:………………………………

Contact details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Details about Person being referred:** | | | | |
| **Mr/Mrs/Ms** | **Surname:** | | **Forename:** | **Date of Birth:** |
| **Address:**    **Postcode:** | | | | |
| **Telephone Number:** | | | **Who does the person live with:** | |
| **Have they lived in Lincolnshire since April 2016:**  YES/NO | | | **If no what is their previous address:** | |
| **Has the person had a diagnosis of Learning Disability?**  **YES/NO**  **When:** | | | **Has the person had a diagnosis of a physical health problem.**  **YES/NO**  **When:** | |
| **Has the person had a diagnosis of a mental health issue**  **YES/NO**  **When:** | | | **Has the person had a diagnosis of autism?**  **YES/NO**  **When:** | |
| **GP name and address:** | | | **Details of other health professionals involved in the persons care** | |
| **Next of Kin & Contact No:** | | | **Who is the most significant person involved in the persons care:** | |
| **Do they receive paid care:**  **YES/NO** | | | **If so, how many hours:** | |
| **Who provides that care:** | | | **Are any other people involved in persons care:** | |
| **Is the person on CPA (Care Programme Approach) Yes / No**  **Name of care co-ordinator?**  **Date of last CPA review?** | | | | |
| **Does the person being referred know of this referral? YES/NO**  **what is their view of this referral** | | **Does the main carer/parent know of this referral? Yes / No**  **what is their view of this referral** | | |
| **Have they given their consent to being referred: YES/NO. If NO please explain the circumstances.** | | | | |
| **What is the persons preferred method of communication (please tick):**  **Phone Text letter email face to face** | | | | |
| **What are the specific communication needs for this person: please include all information about how they communicate with other people and barriers to communication that impact on their quality of life.** | | | | |
| ***In the following section please give as much information as possible to enable the team to respond appropriately to the person.*** | | | | |
| **What are the circumstances leading to this referral:**  **Please include information about the following:**   * **Current psychological wellbeing** * **Current relationships with others** * **Current living arrangements** * **Behaviours of concern** * **Relevant historical information** | | | | |
| **What does the person want from this referral:** | | | | |
| **What are the expectations of the referrer** | | | | |
| **What are the expectations of the persons carer** | | | | |
| **What would you like the outcome of this referral to be:** | | | | |
| **How will you know when the outcome has been achieved:** | | | | |

|  |  |
| --- | --- |
| **Please use this section to explain the risks the person currently presents. Please be as thorough as possible.** | |
| **What risk does the person pose to:-** | |
| **Themselves:** | |
| **Others:** | |
| **How is this risk managed:-** | |
| **What are the mitigating factors in managing this risk:** | |
| **How can we help to keep this person safe:-** | |
| **Before the team contacts the person what do we need to know to keep everyone safe:-** | |
| **Signed : ………………………………………..** | **Dated : ……………………………………….** |

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| **Please ensure that all information asked for is provided to enable the referral to be appropriately processed** |
| **Please send referrals to:**  SPA Contact Centre, SycamoreUnit, Beacon Lane, Grantham, Lincolnshire, NG31 9DF.  **E-mail:** [lincs.spa@nhs.net](mailto:lincs.spa@nhs.net) **Telephone:** 0303 123 4000 **Fax:** 01476 579 011  **\*Please note: Please ensure that you send personal identifiable information via secure methods.** |