

Referral Form

Please return to referrals.social@kemh.gov.fk

For advice, please call 27296

You **MUST** complete the highlighted boxes. If the information is not known, then mark it as not known. If the highlighted boxes are not completed then the referral form may be returned to be completed and resubmitted.

Is the Client aware of this referral?	Yes		No	
If not, why not?				

Is the carer aware of this referral	Yes		No	
If not, why not?				

Has the client / carer given consent for information to be shared, whether in writing or verbally?	Yes		No	
If not, why not?				

Client Details			
Client's First Name		Client's Last Name	
Client known as?		Family previously known?	
Date of Birth		Age <i>Approx age if unknown</i>	
Sex		Ethnic Origin	
First Language		Language issue	
Current Address		Telephone Numbers:	Home
			Mobile
Previous addresses (if applicable)			

Household Members			
Full Name	Date of Birth	Relationship	Has parental responsibility?

Key people to client			
Full name	Date of Birth	Relationship	Address

Your details			
Your name		Your contact Address	
Your Relationship to client			
Reason for referral			
Your contact telephone number(s)		When can we call you back?	
Any alerts / warning signals we should be aware of?			

Known professionals already involved		
Name	Agency	Contact Number

Referral details	
<ul style="list-style-type: none"> include strengths and difficulties or any specific incidents of concern Are there any issues which affect parent(s) capacity to respond appropriately to child / young person (e.g. physical / mental illness or disability; learning disability; substance / alcohol misuse; domestic abuse, childhood abuse relevant information about family history, social integration & functioning; support in wider family / community; housing, employment, income & financial difficulties What action has referrer already taken What does referrer expect to happen next (be specific about focus for any assessment) 	
Form completed by:	
Form completed on behalf of:	
Signature:	
Date:	

Email to Referrals.social@kemh.gov.fk