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| **Referral Form** | |  |
|  | Suffolk Marginalised and Vulnerable Adults Outreach Services  Health Outreach  provided by Essex Partnership University Trust | |
| **Date referred:** | | |
| **Is client is aware of this referral and given their consent:**  **YES:**  **NO – *please give reason why no consent has been gained:*** | | |
| **Referrer Details:**  **Name:**  **Designation:**  **Service/Organisation:**  **Relationship to client:** | | |

**Client details**

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| **Title:** | | | |
| **First Name:** | | **Surname:** | |
| **Known as / Nicknames / Preferred Name:** | | **Date of Birth:** | |
| **Address including postcode:** | | | |
| **Location if homeless:** | **Where possible please give the W3W reference:** | | |
| **Gender:** | **Preferred Pronouns:** | | |
| **Ethnicity:** |  | **Religion:** |  |
| **Language:** |  | **Does client require interpreting services: Yes / No** | |
|  | **Can the client read / write? Yes / No** | |  |
| **Contact numbers:**  **Mobile number:**  **Alternate phone number:** | | **SMS consent: Yes / No** |  |
| **Can messages be left safely?** |  |
| **Is the client engaging with any other services:** | | | |
| **Is the client registered with a GP surgery:**  **Details:** | | | |

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| **Health Outreach works with clients from 5 recognised marginalised and vulnerable groups, where the individual has “fallen out of mainstream health and social care services”.**  **Please outline your reason for referral and how this client meets this criteria:**  **Group:**  **Homeless**  **Refugee / person seeking Asylum**  **GRT**  **Migrant Worker**  **Offender / Ex-Offender**  **Reason for referral:** |

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| **RISK ASSESSMENT \*\* Complete with as much detail as possible in order to maintain staff safety.** | |
| **Poor Mental or Physical Health?** |  |
| **Emotional Instability**  **Known to self-harm? Known to make attempts to end their life?** |  |
| **Neglect – personal health, accommodation?**  **Hoarder? Infection control risk?** |  |
| **History of violence / aggressive behaviour?** |  |
| **Criminal offences where client needs to be seen in pairs?**  **Sexual offending? Arson?** |  |
| **Risk of others unknown being in locations / property?** |  |
| **High risk addiction:**  **Alcohol dependence.**  **Illicit substances – risky injecting.**  **Prescribed substance abuse** |  |
| **Location safety?**  **Isolation**  **Safe access / egress**  **Fire** |  |

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| **Does this client pose any risk to staff or others that we need to be aware of when engaging?** |  |

Once completed, please email to [Epunft.healthoutreach.referrals@nhs.net](mailto:Epunft.healthoutreach.referrals@nhs.net) (secure email address),