

Parkhead Resource Centre

Referral Form

1. Personal Details

Name	Date of birth.....
Address	
.....	
Post Code	Telephone number.....
Parents\Carers name	
Address(if different from above).....	
.....	
Post Code	Telephone number

2 Current Services

Name of Referrer	Telephone number.....
Relationship	
List of current services accessed (Addresses and Keyworkers)	
.....	
.....	
.....	
.....	

3 Attendance at Parkhead

How many session per week?.....	eventually.....		
Which days?.....			
a.m. <input type="checkbox"/>	p.m. <input type="checkbox"/>	All day <input type="checkbox"/>	
Current Care Management assessment/pen picture enclosed		Yes <input type="checkbox"/>	No <input type="checkbox"/>

4 Needs at Parkhead

Current strengths and ambitions/interests
.....
.....
.....
Need to be met at Parkhead.....
.....
.....
.....

5 Medication

Type	Type
Strength	Strength
Frequency	Frequency
Type	Type
Strength	Strength
Frequency	Frequency

6 Diet (particular requirements)

.....
.....
.....
.....

7 Communication

.....

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8 Behavioural \ Emotional issues

(description of behaviour, as specific as possible, inc antecedents)

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9 Health

.....

.....

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.....

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10 Personal care required

Personal care required Yes No

.....

.....

.....

11 Social Events

Whilst on the waiting list would you like to be notified of any social events?

Yes No

12 Transport

Transport Required Yes No

13 Other

3 Emergency Contact Numbers:

1).....

2).....

3).....

2 Passport Photos Provided Yes No To be forwarded

Additional information you feel we need to know:

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Official Use only

date received

acknowledged

referral rejected (reasons)

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signed date

Pre Start Date

Name

Pre start meeting date

Attending

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Keyworker allocated

Changes in needs since initial referral assessment

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Summary of Discussion

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Start date