Referral Form

|  |  |
| --- | --- |
| Please complete a referral for each Unpaid Carer who you wish to refer to our service. | |
| ­­Client Name *(Inc. title) (Unpaid Carer being referred)* | Consent – *Please tick to confirm that the client has consented to the referral, and to be contacted by the details given* *\** ***If this is not completed your referral will be returned.***  All information is held securely in accordance with Data Protection Regulations 2018. For more information, contact **0300 011 1965** or [carers@imago.community](mailto:carers@imago.community) |
|  |
| Client Date of Birth *(dd/mm/yyyy)* |
|  |
| Client Gender *(F/M/Other – self describe)* |
|  | \* I confirm that the person named as the client is aware of the referral and has consented to it being made on their behalf.  If you are the named client completing this form, please confirm that you consent to the referral being made.  \* I confirm that the person named as the client has consented to being contacted via the details provided.  \* I confirm that the person named as the client has consented their information being stored on Imago’s secure systems. |
| Client Address *(Inc. postcode)* |
|  |
| Client Telephone Number |
|  |
| Client E-mail Address *(For updates/information)* |
|  |
| Reason for Referral - *What support is required? Why is it required? If URGENT – What makes this referral urgent?* | |
|  | |
| Living Situation – *Who does the client care for? Are there any friends/family supporting? Carers? Property Type? Any home adaptations?* | |
|  | |
| Health Information – *relating to the Carer. Current conditions? Significant conditions? Respiratory or Cardiac conditions? Any communication needs we may need to be aware of?* | |
|  | |
| GP Surgery client attends | |
|  | |
| Other Organisations working with Client - *Please detail nature of any ongoing work being done with the client/family. Including ongoing safeguarding, substance misuse and mental health support* | |
|  | |

|  |  |
| --- | --- |
| Safety issues within the home that we need to be aware of if carrying out a home visit? *e.g. dangerous dogs, risks for lone workers, remote location etc ?*  Does anyone in the home show dangerous behaviour/known to be aggressive or violent? *Please provide details.* |  |

|  |  |
| --- | --- |
| Cared For Information - *If more than one person being cared for, please provide information relating to the person who the Carer cares for most, or whose caring has the most impact.* | |
| Name of person being Cared for | Cared For Conditions and support needs |
|  |  |
| Relationship – *How is the Cared for related to the Client?* |
|  |
| Cared for Date of Birth |
|  |
| Cared for Address |
|  |

|  |  |
| --- | --- |
| Name of Referrer – *Job Role/Relationship* | |
|  | |
| Referring Organisation - *if Self/family referral, where did you hear about the service* | |
|  | |
| Referrer Contact Details *(Inc. telephone & email.)* | |
|  | |
| How will your organisation continue to support this family? | |
|  | |
| Date Referral Completed |  |