

**Growing Lives External Referral Form**

***Please send this completed form to:***

**Post:** Growing Lives, Orchard Works, 1 Grenville Drive, Ilkeston, DE7 8HT

**Email:** growinglives@derventiohousing.com

**Fax:** 01332 209256

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| --- | --- | --- | --- | --- | --- |
| **Date** | |  | | | |
| **Applicant Information** | | | | | |
| **Name** | |  | **Gender** | |  |
| **Date of birth** | |  | **Income details** | |  |
| **Permission to contact directly?** | | Yes / No | **Ethnicity** | |  |
| **Address** | |  | | | |
| **Preferred activities** (please circle or highlight) | | Horticulture / Arts & crafts / Woodcraft / Cooking / Bike club | | | |
| **Further Information** | | | | | |
| **Please tick the boxes below as appropriate** | | | | | |
|  | **Ex-forces** | |  | **Healthy Futures client** | |
|  | **Social Services Framework** | |  | **Support Coach client** | |
|  | **Recovery projects referral** | |  |  | |
| **Referrer Information** | | | | | |
| **Name** | |  | **Organisation** | |  |
| **Job title** | |  | **Contact details** | |  |
| **Individual Needs** | | | | | |
| **What is the applicant hoping to gain from attending Growing Lives?** | | |  | | |
| **Does the applicant have any health needs?** *Please include physical and mental health* | | |  | | |
| **Does the applicant have any dietary requirements?** | | |  | | |
| **What are the applicant’s learning needs?** *Please include any special considerations / barriers* | | |  | | |
| **What are the applicant’s support needs?** *Including social care needs, drug/alcohol, offending, other* | | |  | | |
| **Please list all the workers that the applicant is currently supported by** | | |  | | |
| **Do we have authority to contact the listed agencies on the applicant’s behalf?** | | | | | Yes / No |
| **Please record any previous offences here** | | |  | | |
| **Please record any history of substance misuse here** *(including alcohol misuse)* | | |  | | |

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| **Risk Assessment** | | | | | | |
| **Physical Health** | | | | | | |
|  | Fails to take medication |  | Difficulty managing health | | | |
|  | Poor diet |  | Doesn’t engage with medical services | | | |
|  | Major physical illness / disability |  | Recent deterioration in health | | | |
|  | Alcohol related illness |  | History of falls / accidental trauma | | | |
| **Mental Health** | | | | | | |
|  | No / poor insight into mental health |  | Self-neglect | | | |
|  | Previous suicide attempts |  | Current suicide threats | | | |
|  | High levels of distress |  | Evidence / threats to self-harm | | | |
|  | Recent deterioration of mental health |  | Evidence / threats of harm to others | | | |
|  | Paranoid / delusional thoughts |  | Violent incidents linked to mental health | | | |
|  | Withdrawn / isolated |  | Incidents linked to stopping medication | | | |
|  | No links with mental health services |  | Experience of torture / trauma | | | |
| **Substance Use** | | | | | | |
|  | Any history of substance misuse | **Current use – substances and doses** | | | | |
|  | Unsafe injecting practices |  | | | | |
|  | Poor disposal of drug paraphernalia |
|  | Unwilling to engage with services |
|  | Recent increase in substance misuse |
|  | Violence related to substance misuse |
| **Violence and Aggression** | | | | | | |
|  | Previous incidents of violence |  | Previous use of weapons | | | |
|  | Expressing intent to harm clients |  | Aggressive sexual behaviour | | | |
|  | Expressing intent to harm staff |  | Incidents of sexual harassment | | | |
|  | Expressing intent to harm children |  | Admissions to secure settings due to violence | | | |
|  | Incidents of arson |  | Recent violent incident (last 4 weeks) | | | |
|  | Possession of a weapon |  | Harassment of others | | | |
| **Other** | | | | | | |
|  | Convictions |  | Risk of abandoning accommodation | | | |
|  | Prolific offender / PPO / IOM |  | Unwilling to engage with services | | | |
|  | Problems with friends / visitors etc. |  | Risk of losing tenancy | | | |
|  | Lack of English language skills |  | Problems with/to males | | | |
|  | Poor literacy |  | Problems with/to females | | | |
|  | Expression of racism |  | Difficulty in maintaining benefits | | | |
|  | Expression of homophobia |  | Harassment by others | | | |
| **Summary of Risk Level** | | | | | | |
|  | | | | **High** | **Medium** | **Low** |
| **Risk to self** | | | |  |  |  |
| **Risk to others:**   * **Staff** * **Other clients** * **Others (state):** | | | |  |  |  |
| **Risk of harm from others** | | | |  |  |  |

**Signed by referee**

I am satisfied that the information contained within this form, as given by the applicant, is accurate.

|  |  |
| --- | --- |
| **Signature** |  |
| **Print name** |  |
| **Date** |  |

**Signed by applicant**

I agree that the information contained in this form is true and accurate and I consent to it being used as part of the Growing Lives project assessment process.

I also agree to the Growing Lives project making contact with those agencies that I am currently working with and having sight of information that will have relevance to the project.

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| --- | --- |
| **Signature** |  |
| **Print name** |  |
| **Date** |  |

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| --- | --- | --- | --- |
| **Office Use Only** | | | |
| **Date referral received** |  | | |
| **Date contact made and details** |  | | |
| **Date initial Growing Lives session booked for** |  | | |
| **Added to Growing Lives calendar?** | Yes / No | **Attended first session?** | Yes / No |