

Active Monitoring Referral Form

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| **Referral Details** | |
| **Referral date:** | |
| **Professional Referral** | **Self – referral** |

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| **Client Details** | | |
| **Surname:** | **Forename:** | **Middle initial:** |
| **Date of birth: ……………….** | **Gender:**  Male  Female  Non-Binary  Prefer to self-describe  Prefer not to say | **Ethnicity:**  Asian  Black  Mixed  White |
| **Have you ever identified as transgender?**  Yes  No | **First Language:**  Welsh  English  Other:………………………. |
| **Sexuality:** Heterosexual. Gay/Lesbian. Bi. Prefer to self-describe. Prefer not to say. | | |
| **Mobile Number:**  **Landline Number:**  **Email address:** | | |
| **Address:**  **Postcode:** | | |
| **Does the client have a formal diagnosis of Autism or a Learning Need e.g. Dyslexia? If yes, please give details:** | | |

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| **Safeguarding and Risk** | | |
| Is there a risk to be aware of? | Yes | No |
| Do you have concerns about the welfare of the client? | Yes | No |
| Action taken: | | |

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| **Referral Consent and Permissions** | | |
| Has the reason for the referral been explained to the individual? | Yes | No |
| May we leave a message on your mobile’s voicemail? | Yes | No |
| May we leave a message on your landline? | Yes | No |
| May we text you? | Yes | No |
| May we say who we are if anyone else answers your phone? | Yes | No |
| May we add your details to our mailing list? | Yes | No |

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| **Referrer’s Details** | |
| Name: | Contact Number: |
| Role: | Email: |

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| **Reason for Referral** |
| Please describe what is happening, where, and when it happens, how often and for how long. Please give examples. For example, explain the background and possible trigger factors, the trajectory of the problem and what has already been tried, or what has worked for you so far: |

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| **Signatures** | |
| Signature of Referrer: | Date: |
| Signature of client:  Is this a digital signature? Yes No  Is this a verbal signature? Yes No | |

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| **For Office Use Only** | | | | | | |
| Date received | Received by | Accepted | | Assigned to | Start | End |
|  |  | Yes | No |  |  |  |
| **When complete please email to: info@mindaberystwyth.org** | | | | | | |