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| **Community Connectors Service**  **Agency Referral Form** | G:\LEVEL3\Business Support\Marketing\NEW LOGOS 2017\FINAL ACT LOGOS\ACT_Logo_CMYK.jpg |

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| **Referrer Details** | | | | | |
| Integrated Delivery Team (IDT) Referral | | Primary Care Networks (PCN) Referral | | | |
| Date of discharge |  | Client informed of discharge? | | Yes | No |
| Referrers Name |  | | | | |
| Referrers Email |  | | | | |
| Referrers Contact Number |  | | | | |
| Which IDT would the client sit under? |  | | | | |
| IDT Manager *(if relevant)* |  | | | | |
| IDT | Bury North Older | | Bury North Adult | Bury North Youth | |
| Bury South Older | | Bury South Adult | Bury South Youth | |
| Central Older | | Central Adult | Central Youth | |
| Coastal Older | | Coastal Adult | Coastal Youth | |
| Ipswich Older | | Ipswich Adult | Ipswich Youth | |
| Has the service user consented to be contracted by Anglia Care Trust? | | | | Yes | No |
| Has the service user been informed about the referral both verbally and in writing? | | | | Yes | No |

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| **Service User Details** | | | |
| RMY Number |  | NHS Number |  |
| Full Name |  | | |
| Date of Birth |  | | |
| Full Address *(including postcode)* |  | | |
| Mobile Number |  | Landline Number |  |
| Email Address |  | | |
| GP Surgery |  | | |
| Employment Status |  | | |

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| **Background Information** | | | |
| Reason for discharge |  | | |
| What support were they receiving from the IDT or PCN? |  | | |
| Did they engage? | | Yes | No |
| What support can ACT Community Connectors provide? |  | | |
| Are there any other organisations involved in the Service User’s care? | | Yes | No |
| *If yes, please specify* | | | |
| Service User’s mental health diagnosis |  | | |
| Can you provide any background information on the Service User? |  | | |
| Is the Service User any risk to self? | | Yes | No |
| *If yes, please provide information on any current or historical self-harm, suicide ideation or suicide attempts* | | | |
| Current medication for health issues *(please specify)* |  | | |

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| **Service User Equality and Diversity Survey** | | | |
| **Gender** | | | |
| Male |  | Female |  |
| Intersex |  | Non-binary |  |
| Prefer not to say |  | Other *(please specify…)* |  |
| **Disability** | | | |
| Disabled |  | Not disabled |  |
| Prefer not to say |  |  | |
| **Ethnic Background** | | | |
| Prefer not to say | | |  |
| **White** | | | |
| English/Scottish/Welsh/Northern Ireland/UK |  | Gypsy or Irish Traveller |  |
| Irish |  | Any other White background *(please specify…)* |  |
| **Mixed/Multiple Ethnic Groups** | | | |
| White and Black Caribbean |  | White and Black African |  |
| White and Asian |  | Any other mixed background *(please specify…)* |  |
| **Asian/Asian British** | | | |
| Indian |  | Bangladeshi |  |
| Pakistani |  | Chinese |  |
| Any other Asian background *(please specify…)* |  |  | |
| **Black/Black British** | | | |
| African |  | Caribbean |  |
| Any other Black background *(please specify…)* |  |  | |
| **Religion or Belief** | | | |
| Christian |  | Muslim |  |
| Buddhist |  | Sikh |  |
| Hindu |  | Jewish |  |
| No religion |  | Prefer not to say |  |
| Other religion *(please specify…)* |  |  | |
| **Sexual Orientation** | | | |
| Heterosexual |  | Gay |  |
| Lesbian |  | Bisexual |  |
| Other *(please specify…)* |  | Prefer not to say |  |
| **Marital Status** | | | |
| Civil Partnership |  | Married/Co-Habiting |  |
| Single |  | Divorced |  |
| Separated |  | Widowed |  |
| Couple |  | Prefer not to say |  |
| Other *(please specify…)* |  |  |  |

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| --- | --- | --- | --- |
| Signature of Referrer |  | Date |  |
| Signature of Service User |  | Date |  |

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| We will treat your information as confidential and we will not share it with any other organisation unless we are required by law to share it or unless you or any other person will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share.  I am aware that I can withdraw or change my consent at any time by contacting the Business Support Team on the details below. |

**Completed referrals should be signed and sent to:**

Anglia Care Trust, Unit 8, The Square, Martlesham Heath, Ipswich, Suffolk IP5 3SL

Tel: 01473 622888 Fax: 01473 618660 Email: [communityconnectors@angliacaretrust.org.uk](mailto:communityconnectors@angliacaretrust.org.uk)