



Client Referral Form

Please complete all sections in relevant detail, where necessary please continue on a separate sheet and attach to document.

Please return completed document to:-

Company Director
Positive Lifestyles Ltd
Unit 1, Cowbridge Court
58-62 Cowbridge Road West
Cardiff
CF5 5BS

Tel: 029 20553444
Fax: 029 20553888

1. Personal Details (of client)

Surname _____	First Names _____	
Current Address _____ _____		
Post Code _____	Tel No _____	
Age _____	D.O.B. _____	Ethnic Origin _____

2. Referring/Purchasing Agency

Referrer _____	Designation _____
Address _____ _____	
Postcode _____	Telephone No. _____
Fax No. _____	E-mail Address _____
Manager holding financial authority _____	
Designation _____	
Address _____ _____	
Postcode _____	Tel No _____
Fax No. _____	E-mail Address _____

3. Placement Required:

Category of placement (ie Learning Disability/Mental Health/Dual Diagnosis)

Type of Placement: e.g (long-term, short-term, respite, assessment, emergency- residential)

Type of accommodation required: e.g (shared housing accommodation - female only, male only, no preference, ground floor, first floor etc.)

Reason for referral_____

Date placement required: From_____ to_____

Comments_____

4. Funding Agreement:

Has funding been agreed for pre-assessment* Yes/No (please circle)

Has funding been agreed for placement Yes/No (please circle)
(Please attach relevant documentation)

Signature of Referrer_____ Date_____

Signature of Team Manager_____ Date_____

* There is a one off payment for a comprehensive pre- Assessment for Placement

Client Information

5. Family Background

N.O.K.	Relationship
Address	
Postcode	Tel No.
Any other significant family members	

6. Current Living Situation

Type of accommodation	
Length of stay	With whom
Reasons for moving	

9. Description of Challenging Behaviour

Behavior Concerns: (Past / present evidence of:)

Inappropriate Behavior	Please tick	<u>Intensity</u> High/medium/low	<u>Frequency</u> High/Medium/Low
Verbal aggression/abuse (To others)			
Physical Aggression/abuse (To others)			
Inappropriate use of weapons			
Self- Harm			
Suicidal Ideation (Para-suicide attempts)			
Environmental Damage/ Destruction			
Sexual Abuse			
Inappropriate Sexual Gratification			
Absconding Behavior			
Obsessional Tendencies			
Manipulation			
Impulsiveness			
Mental Health Concerns			
Other			

Behavior cont:

9.1 Behavioural Concerns

Please comment on any behavioural and/or emotional difficulties that may require intensive support and management.(I.e Physical/verbal aggression, environmental damage, self-harm etc)

(Please attach any relevant psychology reports etc)

10. Additional Information

Please provide us with any additional information that you feel will support the referral.