

Referral Form for Adult Support



This form can be used to refer an individual adult (18yrs+) to our service. The Clinical Team will ascertain which service at Trust House is most appropriate for the client.

Criteria for Referral:

- The client lives in the Lancashire boundaries.
- The client is not actively involved in therapy elsewhere.
- The client has some understanding of the referral to Trust House and has expressed a wish to attend at this time.
- The client has a reasonably safe home life. There are no significant concerns for wellbeing outside of the need for this referral.
- The client has a reasonably safe internal base to engage in the service. They are stable with regard to coping mechanisms such as alcohol or drug use.
- The client feels reasonably safe within themselves. They are not suffering suicide intent and have not made an attempt on their life within the last 3 months.
- The client has not been an in-patient at a hospital for their mental health within the last 3 months.
- The client can commit to 1 session a week for at least 8-10 weeks.

Also to Note:

- We offer a face-to-face service and a digital (phone call or video call) service.
- Our services are **NOT** delivered face-to-face in homes. The client or a carer must have transport or the means and access to public transport to get to satellite venues.
- Would it be beneficial to signpost the client elsewhere? For example:
 - Domestic Abuse program
 - Mental health services
 - Drug or alcohol services

Referrer Details			
Name		Date	
	Referrer Type		
	Phone		
	Job Title		
	Organisation		
	Service Required		
Email			

Information Sharing Consent:	
Information provided will be recorded on a computer database	
Trust House Lancashire may share <i>statistical</i> information for reporting/evaluation/planning purposes	
All information is true and correct at the time of completion	
Wherever possible information will not be shared without consent, except for safeguarding purposes	

Consent: must be obtained from the adult being referred prior to this request being submitted.	
Signature of referrer detailed above	

Signature of client		Date	
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Client Details				
Name		Age		
Address		Date of Birth		
		Gender		
		Ethnicity		
		Employment		
Postcode		Tel/Mob		
Email				
Reported		Sexual Orientation		
Judicial System Stage				
Please Select the Communication Methods We CAN Use				
Phone Call	Voicemail	Text	Email	Post

If Pre-Trial Therapy: you MUST include the investigating officers name, phone number and email so we can inform them that the client is accessing pre-trial therapy.			
Investigating Officers Name		Badge Number	
Email Address		Contact Number	

Disability Information			
Does the client consider themselves to have a physical or learning disability?		Please provide details	
Does the client have any special requirements in order to attend/receive a service from us?		Please provide details	
Does the client have issues with substance misuse?		Please provide details	

Mental Health			
Does the client have any mental health issues?		Please provide details	

Professionals Involved – provide details including professionals titles, name, organisation, contact number and nature of involvement			
Social care		Housing	
Mental health		Drugs and alcohol	
Probation		Education	
GP		IDSA/IDVA	

Details of Reason for Referral			
Client has experienced		Time of Offence	
Age of client at time of abuse		Number of occasions	
Perpetrator relationship		Gender of Perpetrator	

Would the client prefer a male or female assessor/counsellor?	
Would the client like us to have any other considerations in allocating an assessor or counsellor? E.g ethnicity *NOTE* This is not always guaranteed.	

Summary of concerns and presenting issues for the client – including any mental health diagnosis and previous mental health support.
If applicable, please include: details of any assessments/support/treatment the client has received from you or your organisation prior to this referral.

Risk taking behaviour and additional needs – include any risk to others
Please attach risk assessment if available.

Does the **client** have any convictions for either sexual or violent offences?
Please provide details below.

To be read by or to the client:

Trust House Lancashire collects referral information in order to direct you to the most appropriate support within our service and to contact you in order to progress our support. This information isn't shared with any other parties without your express consent. We will always speak to you to obtain your consent before passing your information onto any other service.

As a confidential service we adhere to strict data protection practices in accordance to the (The General Data Protection Regulation 2018) GDPR, this current legislation is reflected in our confidentiality and data protection policies. The information in this form will be stored in line with the data protection and confidentiality policies.

Please call the office on 01772 825288 if you have any queries.

Please return to referrals@trushouselancs.org