



Services Referral Form

Service Making Referral:	Key worker: Contact number:
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CLIENT

Forename:		Home Address (or 'care of' address):	
Surname:			
DOB:			
Contact Number/s:		Postcode (if known):	

SUPPORT

What kind of support is needed?			
Just someone to talk to		One-to-One regular support	Contraception
Help accessing services		Advocacy	Other.....

HEALTH

Does the client have a GP?	Y e s		N o	Do they have a next of kin to contact in emergencies? If so, please include name & mobile:
Does the client use any of these services?				
Baker Street Clinic		Broad Street Mall Walk In NHS Centre		
The Florey Unit		Other.....		
Does the client have any medical condition / s we should be aware of?				

SUBSTANCE MISUSE

Do the client have any substance misuse issues?	Yes		No		History of(when:)	
Does the client use any of these services?						
Cranstoun (Reading CDA)		CJIT		DAIS		
Divert		Source		Turning Point		
KCA prescribing service		RUF		CAST		

HOUSING NEEDS

Is the client in need of help accessing accommodation?					
Have they used these services? (Please tick ✓ if yes, or star ★ if they have voiced an interest)					
St Mungo's Street Services		RBC Housing Dept		Salvation Army Hostel	
Waylen Street Project (BCHA)		Garner House		Hamble Court (Riverside ECHA)	
YMCA		Ability Housing		Citizens Advice Bureau	
Other supported housing		LaunchPad (formerly RSHP)		Own Tenancy / Mortgage	

ABOUT THE CLIENT

If there are any things that you think would be helpful for us to know, please let us know. Please refer to our Confidentiality Policy, Child Protection Policy & Vulnerable Adult Policy for details about information sharing & storage.

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FURTHER INFORMATION

<input type="checkbox"/>	I enclose my own agency's Risk Assessment for this client*
<input type="checkbox"/>	I enclose my own agency's Care Plan for this client*
<input type="checkbox"/>	I enclose a Rahab Self Referral Form filled in by the client
<input type="checkbox"/>	I enclose a signed Rahab Client Information Agreement Form
<input type="checkbox"/>	I enclose a SWAG Consent Form , signed by the client

* both of these would be extremely helpful in enabling Rahab to provide relevant support

Key worker signature: **Date:**