



Fairhome Care Group (Cavendish House) Limited
Cavendish House
10 Eversley Park
Chester
Cheshire
CH2 2AJ

Tel: 01244 381880
Fax: 01244 669141

SERVICE USER REFERRAL FORM

Full Name:

Title:

Current Address:

.....
.....

Telephone Number:

Date of Birth:

Name of GP:

Psychiatrist:

Social Worker:

Next of Kin and Address:

.....
.....
.....

Telephone Number:

Brief History (eg infancy, childhood, adolescence – where the person lived/lives. With whom? Significant events in the person's life.)

Reason for Referral to Cavendish House:

Presenting Challenging Behaviour: (consider those areas that may cause risk to self and others – pertinent to placement ie self harm, verbal and physical aggression, arson, criminal offences, triggers to and current management of challenging behaviour).

Comment on Frequency: (daily, weekly, monthly)

Is there any particular target? – Self, carers, peers

Is there a predictable pattern?

A) PHYSICAL WELLBEING

1) **Medical Considerations:** (eg allergies, seizures, menopause)

2) **Prescribed Medication and Reasons:**

Date of last review of medication:/...../.....

3) **Diet - include information on eating/dietary routines:**

4) **Sleep Pattern:**

5) **Level of support required in relation to hygiene and physical comfort?**

B) MATERIAL WELLBEING

1) **Does the person need mobility aids?**

2) **Management of Finances:**

C) EMOTIONAL/SOCIAL WELLBEING

1) **Activities and Interests:** (Comment on concentration span).

2) **Communication:**

How does the person communicate? (ie vocal, sign, gestures, symbols)

How does the person indicate yes or no?

Indicates pain or wants help?

3) **Cultural and Religious Needs.**

4) **Relationships/Family Involvement:**

Who are the important people in the person's life?

Who has a positive relationship with the person and why?

What opportunities does the person currently have to meet people?

**Does the person attend day centre?
If so where and how often?**

5) **Name and Address of Advocate or Befriender**

6) **Name of person completing referral form:**

Relationship to Person:

Date Form Completed:

Signature: