

**For Internal use**

Date:  
Outcome:  
Sign:

**PRIVATE AND CONFIDENTIAL** GENERAL SERVICE REFERRAL FORM

<b>Name of client:</b>	<b>D.O.B:</b>	<b>Date of Referral:</b>
<b>Address:</b>	<b>Current placement:</b>	
<b>Telephone No:</b>	<b>Support involved:</b> (Please name any current professionals/services already supporting client, include contact number)	
<b>Name of Parent/Carer:</b>		
<b>Parent/carer informed and in agreement with referral:</b>		
<b>Name of GP:</b>		
<b>Address:</b>		
<b>Telephone No:</b>		

<b>Any Diagnosis/Medical information:</b>		
<b>Has the client accessed the Odopa Care Services before:</b>	<b>Yes (specify when):</b>	<b>NO:</b>

Ethnicity and gender		Case status (please advise if in pre-proceedings)	
Address			
Postcode			
Next of kin and contact details			
National insurance number			
School or college details			
Age			
Is an interpreter required?			
If yes, please state language			
Is a signer required?			

**REASON FOR REFERRAL:**

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*Describe the impact of challenging behaviour on the child's life:*

(Include information on health well being, social interaction and family relations, school and home placements, inclusion in community)

*Describe the impact of challenging behaviour on the child's environment and family:*

(Include information on potential placement break downs, damage to home/school environment, family relations, Family Contact,)

Is there a **Risk** of violence to the client, family or to professionals? (Please provide details below)

Has the case been subject to MARAC? (Please provide details)

Has a Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH) been completed? (Please provide details and score).

Please provide a brief description of the current concerns related to domestic abuse as well as other significant factors (for example: Living style skills, substance misuse, mental health issues, cultural, LGBT+ etc.)

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<b>How safe does the client feel in their current situation?</b>	<b>1 = Very unsafe</b> <span style="float: right;"><b>10 = Very Safe</b></span>									
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b>Has there been any Police involvement? If yes, please provide details.</b>										
<b>Are there any court orders in place? If so, when do they expire?</b>										

***\*Please tick any client support needs.***

- Looked After Children (LAC accommodation)
- Family Contact
- Family Support
- Care Leavers
- Response Service
- Short Break Support
- Child Contact Service
- 16plus Service
- Unaccompanied Asylum Seekers Interpretation Services
- Young person in Prison

<b>Name of Referrer:</b>	
<b>Relationship to client:</b>	
<b>Address:</b>	<b>Telephone No:</b>

**Data protection & confidentiality statement:**

The person named on this form must be aware of this referral and give permission to share this information with relevant agencies to this referral.

Has permission to share data been given?

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**Form Completed by: (Full name)**

**Signature**

**Date**

**Contact number:**

Please check you have completed all pages of this referral form including the risk assessment

**Once completed please email to [referrals@odopacare.com](mailto:referrals@odopacare.com)**

**Odopa Care Lead Professional to complete**

FOR OFFICE USE:			
<b>Referral Date:</b>	<b>Date Received:</b>	<b>Reviewed by:</b>	<b>Date Reviewed:</b>
<b>Response Level:</b> A      B      C      D	<b>Date for first appointment:</b>		
<b>Appointment attended by:</b>	<b>Agreed category:</b> 1      2      3 (For Level A referrals)		
<b>Case to be taken by:</b>	<b>Client number:</b>		