**REFERRAL FORM**

(Identification and Referral to Improve Safety)

|  |  |
| --- | --- |
| **Email:**  | Ruth.warren@sateda.org |
| **Office Phone:**  | **01795 417251 Mon – Fri 10.00am – 4.00pm** |
| **Advocate Educators mobiles:** | **Ruth Warren 07494 569840** |

|  |  |
| --- | --- |
| Date of Referral  |  |
| Referring Clinician (Name/role)  |  |
| Practice name/address  |  |
| Practice phone number  |  |
| Do you have patient consent to make the referral and share patient information?*(consent must be obtained before a referral is made)* | **YES/NO** |
| Patient Name  |  |
| Address  |  |
| Date of Birth  |  |
| Language/Interpreter required?  |  |
| Safe telephone number for the patient (or another means by which patient can be contacted)? |  |
| Is it safe to leave a message/text this number? | **YES/NO**  |
| Are there **ANY** **children under 18 in the household?** (include grandchildren) | **YES/NO** | If so, how many? |
| Are there any vulnerable adults at risk in the family? | **YES/NO** | If so, how many? |
| Family already known to Social Services? | **YES/NO**  | **Referred by GP/clinician to** www.kelsi.org.uk |
| **Reason for referral to IRIS….** |