A blue and white logo

Description automatically generated with low confidence**A picture containing text, font, graphics, graphic design

Description automatically generatedREFERRAL FORM**

(Identification and Referral to Improve Safety)

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| --- | --- |
| **Email:** | Ruth.warren@sateda.org |
| **Office Phone:** | **01795 417251 Mon – Fri 10.00am – 4.00pm** |
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| --- | --- | --- |
| 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….** | | |