

PERSONAL DETAILS (cont.)

Living Arrangements:

- | | |
|---|--|
| <input type="checkbox"/> Carer role in household | <input type="checkbox"/> Living with parents/guardian |
| <input type="checkbox"/> Caring for Children | <input type="checkbox"/> Living with partner |
| <input type="checkbox"/> Living alone | <input type="checkbox"/> Living with other relatives/friends |
| <input type="checkbox"/> Living in homeless unit | <input type="checkbox"/> Looked after at home |
| <input type="checkbox"/> Living in residential/secure accommodation | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Living in supported accommodation | |
| Living with foster care | |

GP:	GP Telephone No:
Actual Name of Practice:	CHI Number
Does the person have any medical/mental health conditions? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Please give details :	
Is the person taking any form of medication? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If so please indicate what type:	

REFERRAL DETAILS

Referrer:	Relationship to service user:													
Address:														
		Postcode:												
Tel No.:	Fax No.:	Email:												
Is the person aware of the service and in agreement to the Referral? <input type="checkbox"/> YES <input type="checkbox"/> NO														
Is the young person willing to attend the service? <input type="checkbox"/> YES <input type="checkbox"/> NO														
If a young person, are their parent /guardian aware of referral? <input type="checkbox"/> YES <input type="checkbox"/> NO														
Reasons for Referral, including support guidelines or action to be taken if RAMH staff have any concerns:														
<p>Can Referrer please tick if you have discussed Self Directed Support (SDS) options, and which option 1-4</p> <p>SDS Option <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p>														
<p>Please tick ALL OF THE REASONS that best describes the person's reasons for seeking support at this time:</p> <table border="0"> <tr> <td>Abuse</td> <td>Anxiety/Stress</td> <td>Carer</td> </tr> <tr> <td>Addictions Drugs/Alcohol</td> <td>Bereavement/Loss</td> <td>Cognitive/Learning</td> </tr> <tr> <td>Adverse Childhood Experiences</td> <td>Bi-Polar Illness</td> <td>Depression</td> </tr> <tr> <td>Anger Issues</td> <td>Bullying</td> <td>Eating Issues</td> </tr> </table>			Abuse	Anxiety/Stress	Carer	Addictions Drugs/Alcohol	Bereavement/Loss	Cognitive/Learning	Adverse Childhood Experiences	Bi-Polar Illness	Depression	Anger Issues	Bullying	Eating Issues
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