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| **Referral Form** |  |
|  | Suffolk Marginalised and Vulnerable Adults Outreach ServicesHealth Outreachprovided by Essex Partnership University Trust |
| **Date referred:** |
| **Is client is aware of this referral and given their consent:** **YES:** **NO – *please give reason why no consent has been gained:***  |
| **Referrer Details:****Name:****Designation:****Service/Organisation:****Relationship to client:** |

**Client details**

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| **Title:** |
| **First Name:** | **Surname:** |
| **Known as / Nicknames / Preferred Name:** | **Date of Birth:** |
| **Address including postcode:**  |
| **Location if homeless:**  |  **Where possible please give the W3W reference:** |
| **Gender:**  |  **Preferred Pronouns:**  |
| **Ethnicity:** |  | **Religion:** |  |
| **Language:** |  | **Does client require interpreting services: Yes / No** |
|  |  **Can the client read / write? Yes / No** |  |
| **Contact numbers:** **Mobile number:****Alternate phone number:** | **SMS consent: Yes / No** |  |
| **Can messages be left safely?** |  |
| **Is the client engaging with any other services:** |
| **Is the client registered with a GP surgery:****Details:**  |

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| **Health Outreach works with clients from 5 recognised marginalised and vulnerable groups, where the individual has “fallen out of mainstream health and social care services”.****Please outline your reason for referral and how this client meets this criteria:** **Group:****Homeless****Refugee / person seeking Asylum****GRT****Migrant Worker****Offender / Ex-Offender****Reason for referral:** |

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| **RISK ASSESSMENT \*\* Complete with as much detail as possible in order to maintain staff safety.** |
| **Poor Mental or Physical Health?** |  |
| **Emotional Instability****Known to self-harm? Known to make attempts to end their life?** |  |
| **Neglect – personal health, accommodation?****Hoarder? Infection control risk?** |  |
| **History of violence / aggressive behaviour?** |  |
| **Criminal offences where client needs to be seen in pairs?****Sexual offending? Arson?** |  |
| **Risk of others unknown being in locations / property?** |  |
| **High risk addiction:****Alcohol dependence.****Illicit substances – risky injecting.****Prescribed substance abuse** |  |
| **Location safety?****Isolation****Safe access / egress** **Fire** |  |

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| **Does this client pose any risk to staff or others that we need to be aware of when engaging?** |  |

Once completed, please email to Epunft.healthoutreach.referrals@nhs.net (secure email address),