**Referral to Essex Learning Disability Specialist Health Service**

Way In is another name for referral. We call it “Way In” because it is like an entrance that people come through to see us. It is where and how we decide who to help. As it is not possible for us to help everyone, we offer our specialist expertise to those people we are most able to help and benefit. Every person we cannot do something for is guided to somewhere else, such as another part of the health service, that is able to help them.

**Person being referred**

**Name**

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**Date of birth**

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**Address**

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**Phone**

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**NHS Number**

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**Is the person aware of this referral and does the person agree to the referral?**

If the person is not aware or in disagreement it will be useful to know why so that we can consider this when approaching the person when undertaking our assessment.

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**Your details**

**Referred by**

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**Role/ relationship/ position**

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**Address**

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**Email**

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**Phone**

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Is there someone else you would like us to contact and involve when we are working with this person, such as a family member or key worker? If so let us know who that person is:

**Additional Contact** (Name, Role/ relationship, Address, and phone number)

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**People that it is important for us to involve in the referral**

**Doctor/ GP** (Name, GP Practice, Address, and phone number)

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**Case manager / social worker** (Name, Address, and phone number)

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**Referral details**

**Details of Learning Disability diagnosis:**

If you know that this person has a confirmed diagnosis of a learning disability, please give brief details how this is known.

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If you think this person has a learning disability, but do not have evidence of a formal diagnosis. They appear to have an IQ under 70 and significant impairment in everyday functioning such as understanding new or complex information, learning new skills or coping independently. Please give brief details.

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**Tell us about the person**

Are there medical or mental health issues, conditions, or diagnosis? Is there anything you’d like to tell us about their support needs or living situation? Are there any significant life events or recent changes we should know about? Are there any cultural needs you’d like us to be aware of?

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**Tell us about the person’s needs**

What would you like help with? Describe any problems the person is having. How long has there been a problem? Is there anything you have already tried? Have you already called us and spoken to someone in our team about this? Is there anything else worrying you?

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**What do you want for this person?**

What do you hope would be the outcome for them? How would you like our team to help? What might this person want for themselves?

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**What are the risks?**

What are the risks for the person themselves? Are there risks for other people? Are there any risks for professionals from our team when we visit? Are there any safeguarding concerns? Are there any other challenges or issues that we need to know about before we work with this person?

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**Tell us about communication**

Are there any specific communication issues such as needing an interpreter? How does the person communicate best? What is the best way for our team to make contact? Who is the best person to speak to about this referral if we need more information? Does the person have access to digital means for virtual contact (e.g. smart phone, tablet or computer)?

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**Any other relevant information that you wish to add?**

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**Do you have any other documents or information you can share with us?**

Useful information that can help with our assessment include: GP patient summaries; assessments or reports by health or social care professionals; CPA and care review reports; EHCPs if for a younger person.

These can be emailed to us to the same email as below. Please include the person’s name in the email if sent separately to this referral form.

**Please return completed form to:** [**eldp.wayinreferrals@nhs.net**](mailto:eldp.wayinreferrals@nhs.net)

**For any assistance in completing this form please contact your local team:**

**North East Essex (Colchester) 01206 363255**

**Mid Essex (Braintree) 01376 308700**

**West Essex (Harlow) 01279 459800**