A close up of a sign

Description automatically generatedResidential Service Referral and   
Risk Assessment

*Personal Details*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name: | Click or tap here to enter text. | | | Other Names: | Click or tap here to enter text. | |
| Date of Birth: | Click or tap to enter a date. | | Age: | Click or tap here to enter text. | Sex: | Male  Female |
| Currently residing at: | | Click or tap here to enter text. | | | | |
| Type of section: | | Click or tap here to enter text. | | | | |
| Client’s preferred language: | | BSL  SSE  Lip reading | | | | |

*Background*

|  |  |  |  |
| --- | --- | --- | --- |
| School: | Click or tap here to enter text. | Deaf School  Mainstream School  Other Schooling | |
| Qualifications: | Yes  No | Disruptive at school: | Yes  No |
| Age first in contact with specialist services: | Click or tap here to enter text. | Previous employment: | Yes  No |
| Upbringing: | Family setting  Foster family setting  Care setting | | |
| Family: | Deaf  Hearing | Contact with family: | Yes  No |

*Referral*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Referring Agency: | Click or tap here to enter text. | | Contact in referring agency: | | | Click or tap here to enter text. | |
| Referral checklist | | No worries  (0 points) | | Concern (3 points) | Increasing risk (5 points) | | High risk (7 points) |
| Mental health problems | |  | |  |  | |  |
| Learning disability | |  | |  |  | |  |
| Forensic history | |  | |  |  | |  |
| Sexual offending | |  | |  |  | |  |
| Excessive drink problem | |  | |  |  | |  |
| Excessive substance abuse | |  | |  |  | |  |
| Anger management | |  | |  |  | |  |
| Anti-social behaviour | |  | |  |  | |  |
| Disengagement with programmes | |  | |  |  | |  |
| Speed of escalation in problem | |  | |  |  | |  |
| Self harming | |  | |  |  | |  |
| Communication difficulties | |  | |  |  | |  |
| Previous police involvement | |  | |  |  | |  |
| Physical health | |  | |  |  | |  |
| Self care needs | |  | |  |  | |  |
| Medicating | |  | |  |  | |  |
| CPN involvement | |  | |  |  | |  |
| Trial period possible | |  | |  |  | |  |

Managers Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **TOTAL SCORE:**

# Senior Managers Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Once completed, please email [referrals@signhealth.org.uk](mailto:referrals@signhealth.org.uk) and we will respond to your email.