

*Referral Form*

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**DETAILS OF APPLICANT**

Name: \_\_\_\_\_

Keyworker:  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Institution  
\_\_\_\_\_

Age: \_\_\_\_\_ Dept/Unit: \_\_\_\_\_

Consultant:  
\_\_\_\_\_

Date of Admission: \_\_\_\_\_

Legal Status & date:  
\_\_\_\_\_

Racial Origin: \_\_\_\_\_

Religion: \_\_\_\_\_

Next of Kin details (address, tel. & Relationship):

\_\_\_\_\_

Marital Status: \_\_\_\_\_

Other relevant individuals/agencies involved (e.g. CPN, Carers, Advocates):

\_\_\_\_\_

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1. Summary of mental health difficulties including progress since admission, current mental state, relapse indicators and triggers. Any management difficulties encountered on the unit.

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\_\_\_\_\_

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2. Summary of index offence and offending history.

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3. List risk areas, when last observed and factors that may increase risk.

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When is discharge likely?: \_\_\_\_\_

Physical health Details: \_\_\_\_\_

(Khaya is unable to accommodate seriously physically disabled individuals)

4. Details of prescribed medication (include what medication the resident is on, how much, side effects and whether self- medicating.

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5. Use of alcohol and illicit substances (past and present, including drug screens etc.).

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6. Current leave status (including any leaves applied for, restrictions on leaves etc.).

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7. Present daily structure / routine (include self-directed activities, formal sessions, refer to motivation, attendance etc.).

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8. Assessed to be able to use sharps safely unsupervised, include date of assessment.

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9 Discharge Plans

- On discharge will the resident require 24 hour supervision?

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- Has any community living skills for future accommodation been identified for the individual? (Please include details).

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- Does the resident take part in any structured community-based activities?

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- Estimated length of stay before discharge? (Include MHRT dates, recommendations etc.).

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10. Reason for referral:

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11. List and summarise current care plans (including childcare contact arrangements, if appropriate):

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Name of referrer (S/W): \_\_\_\_\_ RMO: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Has funding for a residential placement been agreed in principle?: YES/NO

Funding Authority (if different from home Authority) \_\_\_\_\_

Name & Tel no. of Contact Person: \_\_\_\_\_

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Khaya Staff Only

Date received: \_\_\_\_\_

Proceed to assessment: YES / NO

Comments:

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Referral received by: \_\_\_\_\_