Referral for (if unsure, please leave blank) [ ]  COPs [ ]  Employment [ ]  Working for You

|  |  |
| --- | --- |
| Name |       |

|  |  |  |
| --- | --- | --- |
| Referral Date |  |       |
|  |  |  |
| Date of Birth |  |       |
|  |  |  |
| Address |  |       |
|  |  |  |
| Post Code |  |       |
|  |  |  |
| Telephone Number |  |       |
|  |  |  |
| Email Address |  |       |
|  |  |  |
| Gender |  | Male [ ]  | Female [ ]  |
|  |  |  |  |
| Ethnicity |  |       |

|  |  |
| --- | --- |
| Autism  | [ ]  |
| Autism and Learning Disability  | [ ]  |
| Learning Disability  | [ ]  |
|  |  |
| How did you hear aboutthis service? |       |

**Referrer Details** (if you are referring on behalf of somebody else)

|  |  |  |
| --- | --- | --- |
| Name |  |       |
|  |  |  |
| Relationship to Client |  |       |
|  |  |  |
| Organisation |  |       |
|  |  |  |
| Telephone |  |       |
|  |  |  |
| Email |  |       |

|  |
| --- |
| Details of your enquiry       |

Referral taken by:

**Please return completed referral forms by email to** projectsupport@barnetmencap.org.uk, fax to 020 8349 2192 or post to Barnet Mencap, 35 Hendon Lane, Finchley, N3 1RT

**Internal Use only (WfY)**

|  |  |
| --- | --- |
| Case worker |       |

|  |
| --- |
| Additional information      |

Other organisations involved

|  |  |
| --- | --- |
| Name |       |
|  |  |
| Organisation |       |
|  |  |
| Telephone |       |
|  |  |
| Email |       |
|  |  |
| Name |       |
|  |  |
| Organisation |       |
|  |  |
| Telephone |       |
|  |  |
| Email |       |
|  |  |

Agreed action (support plan)

Complete case notes and Risk Assessment (if necessary)

**General Health Check**

1. Are you registered with a GP?

Yes [ ]  No [ ]  Don’t know [ ]

1. Do you have a dentist?

Yes [ ]  No [ ]  Don’t know [ ]

1. Do you have an optometrist?

Yes [ ]  No [ ]  Don’t know [ ]

1. Have you had an annual health check?

Yes [ ]  No [ ]  Don’t know [ ]

If no to any of the above, would you like Working for You to support you to access one?

Yes [ ]  No [ ]  Advice given re Annual Health Check [ ]

1. Do you have any current health issues that need to be addressed? If yes, please give details in the box below

|  |
| --- |
|       |

|  |  |  |  |
| --- | --- | --- | --- |
| General Health Check completed | [ ] Yes | [ ] No | [ ] Declined |
|  |  |  |  |
| Benefits Check completed | [ ] Yes | [ ] No | [ ] Declined |

[ ] I give permission for Working for You to share my information with their Bright Futures partners and other organisations where necessary

[ ] I **do not** give permission for Working for You to share my details

Signed (if present):       Date:

**Referred to:**

|  |  |
| --- | --- |
| COPs | [ ]  |
| Employment | [ ]  |
| SW referral | [ ] Date       | to whom       |
| Signposting | [ ] Date       | to whom       |

Agreed by (Manager) one to one support