

**Star Care Lodge**  
**CONFIDENTIAL**  
**New Clients Referral Form**

Type of Accommodation required:

**GENERAL INFORMATION**

Name:	Known as / Nickname:
Present Address:	Date of Birth:
Telephone No.:	Age:
Religion:	Gender:
Cultural Background / Beliefs:	Marital Status:
	No. of Children:

Nearest Friend / Relative:	General Practitioner (GP):
Address:	Address:
Telephone No.:	Telephone No.:
Consultant:	Social Worker:
Address:	Address:
Telephone No.:	Telephone No.:
Community Nurse:	
Address:	
Telephone No.:	

History & Reason for Referral (including current living situation):

Current Medication:

**PSYCHIATRIC HISTORY**

Please give details of the following:

1) Dates, Admissions, Reasons and Outcomes:

2) How the person is at time of Referral:

**MEDICAL HISTORY**

Does the person suffer with conditions such as Epilepsy, Diabetes etc.? (Please state)

Has the person been involved with other agencies? YES / NO

1) Please list the details involved:

2) Please list any previous residential units (if any):

**BEHAVIOURAL PROBLEMS**

Please list past and present details of aggressive, self-inflicted, violent outbursts and triggering factors:

**REFERRER'S INVOLVEMENT**

Please state the nature and the amount of involvement with the person:

**HEALTH AND SAFETY**

Please state if the person is at risk from any aspect of Health and Safety (eg. fire risk):

Does the person smoke?

YES / NO

**FAMILY / HOME CIRCUMSTANCES**

Please state circumstances, including the level of involvement with nearest relative or friend:

**EDUCATION / EMPLOYMENT HISTORY**

Please state, including dates if possible:

**DAILY LIVING SKILLS**

Does the person experience difficulties with the following?

- |                   |          |
|-------------------|----------|
| ➤ Writing         | YES / NO |
| ➤ Cooking         | YES / NO |
| ➤ Budgeting       | YES / NO |
| ➤ Social Skills   | YES / NO |
| ➤ Using Transport | YES / NO |

If the person has difficulties in other areas, please specify:

**OTHER AREAS**

Please state the other areas of help that have been identified:

**ACTIVITIES**

Please list the person's hobbies, interests and achievements:

**FUTURE AIMS**

1) Individual Assessment:

2) Referrer's Assessment:

**OTHER INFORMATION**

Please state:

**SERVICE USER'S DECLARATION**

I, the Service User, sign to confirm that the information provided on this Referral Form is, to my knowledge, correct.

Signature:.....

Date:.....

**To be signed by the Service User's Representative (CPN or Social Worker)**

Signature:.....

Date:.....

## EQUAL OPPORTUNITIES POLICY MONITORING

Star Care Lodge is committed to an Equal Opportunities Policy in employment and aims to assess applicants for jobs fairly without regard to gender, age, sexual orientation, ethnic or national origin or marital status. People with a disability will be assessed on the needs of the job they have applied for.

Please fill in this form as fully as possible so that we can monitor the implementation of our Equal Opportunities Policy.

The answers you provide in this section will be treated in the strictest confidence and will only be used for statistical monitoring.

ETHNIC BACKGROUND					
<b>Please Put an X Against the relevant category</b>	<b>Asian or British Asian</b>		<b>Black or Black British</b>		<b>Mixed</b>
	Bangladeshi		African		White & Black African
	Indian		Caribbean		White & Asian
	Pakistani		Black Other		White & Caribbean
	Asian Other				Mixed Other
	<b>White</b>				
	White British		<b>Other Ethnic Groups</b>		<b>Rather not state</b>
	White Irish		Chinese		
	White Other		Any other Ethnic Group Please specify:		

*[Categories as recommended by the Commission for Racial Equality]*

OTHER INFORMATION						
<b>Please Put an X Against the relevant category</b>	Position applied for:					
	Date of Birth:					
	Nationality:					
	My sex is:	Male		Female		Rather not state
	My Marital Status is:	Single		Married		Rather not state
	Do you have a disability:	Yes		No		
	If so, please give details:					