Residential 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 [x]  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 [x]  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 and we will respond to your email.