

**Bespoke Care and Support**

**Hospital Safety with Residential Freedom**

**Referral Form**

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| --- | --- | --- |
| **Name** |  | |
| **Gender** |  | |
| **Date of Birth and age** |  | |
| **Diagnosis** |  | |
| **Current Placement details** |  | |
| **Brief outline of the current situation and the reason/s residential care accommodation is being sought** |  | |
| **Historical/Diagnosed**  **History Background** |  | |
| **Offending History**  **(if/where relevant)** |  | |
| **Summary of key risks**  **including any DoL**  **requirements** |  | |
| **Risk of Harm to Self** |  | |
| **Risk of Harm to Others** |  | |
| **Risk of Absconsion** |  | |
| **Risk of Being Assaulted / Vulnerability** |  | |
| **Other** |  | |
| **What do people like about the person?** |  | |
| **Domestic activities/Independence skills** |  | |
| **Relationships** |  | |
| **Communication and**  **language** |  | |
| **Occupational and**  **leisure activities** |  | |
| **Health and wellbeing**  **( to include current**  **Medication)** |  | |
| **Any additional**  **information** |  | |
| **Expected and**  **measurable outcomes**  **from the placement** | **Outcomes expected** | **By when** |
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**Please return your completed form by email to:** [thelma@bespokecs.uk](mailto:thelma@bespokecs.uk) or [jon@bespokecs.uk](mailto:jon@bespokecs.uk)