 **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 or jon@bespokecs.uk