(Exclusion criteria: Severe and enduring mental health issues, identified high risk to staff, previously supported by STEP within the last 3 months, consent not given by individual, under 18)

|  |  |
| --- | --- |
| Referral from | Choose an item. |
|  |  |
| Name | Click here to enter text. |
| Address | Click here to enter text. |
|  | Click here to enter text. |
|  | Click here to enter text. |
| Postcode | Click here to enter text. |
|  |  |
| Contact Number | Click here to enter text. |
|  | Can we text you on this number Choose an item. |
| Date of Birth | Click here to enter a date. |
|  |  |
| Gender | Choose an item. |
| Ethnicity | Click here to enter text. |
| Nationality | Click here to enter text. |
| Sexuality | Click here to enter text. |
| Religion | Click here to enter text. |
|  |  |
| GP Information | Click here to enter text. |
|  |  |
| Agencies already involved | Click here to enter text. |
|  |  |
| Referral Reason  Identified Risk (Including those who reside or visit the home) | Click here to enter text. |
|  |  |
| Copy of current care plan attached to email | Choose an item.  Reason if no: |
|  |  |
| Consent given for referral by Service User | Choose an item. |
|  |  |
| Are you available to hold a three way assessment meeting within 7 days of the date of this referral? | Choose an item.  Dates available: |
|  |  |
| Referred by - |  |
| Name | Click here to enter text. |
| Organisation | Click here to enter text. |
| Contact Number | Click here to enter text. |