

## Referral Form to Adult social services

This form is to be used when raising a safeguarding concern, please discuss with the Duty Social worker in the borough where the person resides if this is an urgent referral. For urgent referrals, once this form is completed send to the Relevant Social Work Team in local authority/borough where patient resides or is located. For all forms completed (urgent and non-urgent concerns) send a copy of referral form to Clinical Governance Team, the clinical governance team will follow up any non-urgent concerns the next working day.

\*if an individual is at immediate risk or requires a full medical examination, Dial 999 before completing this form.

| Referral Completed by: (details of person taking the referral) |                   |            |            |
|--|-------------------|------------|------------|
| Name of referrer:  |                   | Job title: | Agency:    |
| Address of service:  |                   | Email:     | Telephone: |
| Date of Referral:  | Time of referral: |            |            |

| 1. DETAILS OF VULNERABLE ADULT |            |             |     |                    |          |                              |
|--------------------------------|------------|-------------|-----|--------------------|----------|------------------------------|
| Last Name                      | First Name | Age/DOB/EDD | M/F | Ethnicity/Language | Religion | Address and telephone number |
|                                |            |             |     |                    |          |                              |
|                                |            |             |     |                    |          |                              |
|                                |            |             |     |                    |          |                              |

| 2. HOUSEHOLD DETAILS (including extended family)- where known |            |             |     |                    |                       |                              |
|---|------------|-------------|-----|--------------------|-----------------------|------------------------------|
| Last Name   | First Name | Age/DOB/EDD | M/F | Ethnicity/Language | Relationship to Adult | Address and telephone number |
|   |            |             |     |                    |                       |                              |
|   |            |             |     |                    |                       |                              |
|   |            |             |     |                    |                       |                              |
|   |            |             |     |                    |                       |                              |

|   |  |
|---|--|
| Are there any communication/interpreting needs? | Does the named patient and/or family have a disability or special needs? |
|---|--|

| 3. Other professionals involved (to include GP, carers and details of any voluntary agencies involved)- where known |           |         |                 |
|---|-----------|---------|-----------------|
| Name  | Job Title | Address | Telephone/email |
|   |           |         |                 |
|   |           |         |                 |
|   |           |         |                 |

| 4. Reason for Referral |
|------------------------|
|------------------------|

|  |  |
|--|--|
| <b>What was the date and time of presentation?</b><br>If NO, please give details of where the vulnerable adult was at the time of referral and who they were with:                                   | <b>Was the named patient present?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>Why are you worried about this person?</b>  |  |
| <b>What has happened? What are these concerns based on? Why is Social Services' involvement needed now?</b>  |  |
| <b>5 . Previous involvement</b>  |  |
| <b>Are you aware of any previous social work involvement with this person?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If YES, please give details, including approximate dates: |  |
| <b>6. Consent (Please note that parents/carers have to consent to this referral unless obtaining this consent will place the child at further risk of harm)</b>                                      |  |
| <b>Has the named person / carer given consent for this referral?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| If consent has not been obtained, please give reason.  |  |
| <b>7 . Are there any issues we should be aware of when contacting the person?</b>  |  |
|  |  |

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\*if an individual is at immediate risk or requires a full medical examination, Dial 999 before completing this form.

**If further information is required, please contact Clinical Governance Team or Medical Director for further information**

\*Don't forget to include details of registered GP\*

**Contact Police – 999, if risk of violence**

### **LAMBETH**

<http://www.lambeth.gov.uk/Services/HealthSocialCare/ServicesAdults/ProtectingAdultsFromAbuse.htm>

Lambeth Adults' and Community Services: 020 7926 5555 (9.00am to 5.00pm)

**Lambeth Adults Emergency Duty Team - Out Of Hours Service**

**020 7926 1000 (5pm – 9am, weekends and bank holidays)**

### **LEWISHAM**

<http://www.lewishammylifemychoice.org.uk/i-need-help-with/keeping-people-safe/suspected-abuse-or-neglect-of-a-vulnerable-adult.aspx>

Adult Safeguarding Advice and Information Team,

Monday to Friday on 020 8314 7777 (9am to 5pm)

**Lewisham Adults Emergency Duty Team - Out Of Hours Service**

**020 8314 6000 (5pm – 9am, weekends and bank holidays)**

### **SOUTHWARK**

[http://www.southwark.gov.uk/info/731/keeping\\_safe\\_and\\_reporting\\_abuse/2406/protecting\\_adults\\_at\\_risk\\_of\\_abuse](http://www.southwark.gov.uk/info/731/keeping_safe_and_reporting_abuse/2406/protecting_adults_at_risk_of_abuse)

Southwark Safeguarding Adults Team - 0845 600 1287

**Southwark Adults Emergency Duty Team - Out Of Hours Service**

**020 7525 5000 (5pm – 9am, weekends and bank holidays)**

### **SUTTON**

[https://www.sutton.gov.uk/info/200609/safe\\_from\\_abuse\\_-\\_adult\\_safeguarding/1617/help\\_for\\_adults\\_being\\_abused](https://www.sutton.gov.uk/info/200609/safe_from_abuse_-_adult_safeguarding/1617/help_for_adults_being_abused)

Adults and Safeguarding Referral Point (24 hours)

**Phone: 020 8770 4565 (24hrs a day)**

## **WANDSWORTH**

[http://www.wandsworth.gov.uk/site/scripts/home\\_info.php?homepageID=148&directoryCategoryID=688](http://www.wandsworth.gov.uk/site/scripts/home_info.php?homepageID=148&directoryCategoryID=688)

The Adult Social Care Access Team: 020 8871 7707 (9.00am to 5.00pm)

**Wandsworth Out Of Hours Service 02088716000**

**Adults Emergency Social Work Team - Out Of Hours Service (5pm – 9am, weekends and bank holidays)**

## **KINGSTON**

[https://www.kingston.gov.uk/info/200368/help\\_to\\_stay\\_safe/232/adult\\_safeguarding\\_%E2%80%93\\_helping\\_adults\\_at\\_risk](https://www.kingston.gov.uk/info/200368/help_to_stay_safe/232/adult_safeguarding_%E2%80%93_helping_adults_at_risk)

Adult Safeguarding Advice and Information Team,

Monday to Friday on 020 8547 4735 (9am to 5pm)

**Kingston Adults Emergency Duty Team - Out Of Hours Service**

**020 8770 5000 (5pm – 9am, weekends and bank holidays)**

## **MERTON**

<http://www2.merton.gov.uk/health-social-care/adult-social-care/safeguarding-adults.htm>

**Merton Safeguarding Adults Team - 0845 618 9762 (24 hours)**

## **FOR CONCERNS ABOUT ABUSE WITHIN AN ORGANISATION OR INSTITUTION:**

If it is not possible to alert the relevant social se

rvices department, concerns should be reported to the CQC

Tel: 03000 616 161 Email: [safeguarding@cqc.org.uk](mailto:safeguarding@cqc.org.uk)