

Referral Form to Adult social services

This form is to be used when **making a referral** which requires a response from Children's Service. If you are unclear whether to make a referral, please discuss this with the Duty Social Worker in the borough where the child/young person resides or SELDOCs on-call clinical director before completing this form.

Referral Completed by: <i>(details of person taking the referral)</i>			
Name of referrer:		Job title:	
Address of service:		Email:	
Date of Referral:		Telephone:	
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?
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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	
What was the date and time of presentation? If NO, please give details of where the vulnerable adult was at the time of referral and who they were with:	Was the named patient present? <input type="checkbox"/> YES <input type="checkbox"/> NO

Why are you worried about this person?

What has happened? What are these concerns based on? Why is Social Services' involvement needed now?

5 . Previous involvement

Are you aware of any previous social work involvement with this person? YES NO

If YES, please give details, including approximate dates:

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)

Has the named person / carer given consent for this referral? Yes No

If consent has not been obtained, please give reason.

7 . Are there any issues we should be aware of when contacting the person?

January 2015



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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

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/index.aspx?articleid=10646>

Adults and Safeguarding Referral Point (24 hours)

Phone: 020 8770 4565

FOR CONCERNS ABOUT ABUSE WITHIN AN ORGANISATION OR INSTITUTION:

If it is not possible to alert the relevant social services department, concerns should be reported to the CQC

Tel: 03000 616 161 Email: safeguarding@cqc.org.uk