Specialist Family Service Referral Form
Please email to specialist.family@phoenixfutures.org.uk

Version 15.1

Referral Date:	**Referral Agency:**
Person completing referral:	**Contact Number:**
Local Authority:	**Referrer Address:**

Client Details

Title:	**First Names*:**	**Surname *:**
Preferred Name:	**Primary Substance of Choice:**	**DOB:**

Client Address:

Post Code*:	
Mobile No:	**Tel No:**

Parental Status of client	Currently pregnant ☐	Has children who are 18+ ☐	Has children who are under 18 ☐

Provide details below of any under 18s

First Name	Surname	DOB	Social services involvement	Social Worker Name	Admission to family service expected?	Legal status
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			

Pre-Birth Assessment.

Do you currently have a pre-birth plan do you have in place?
Any complications we need to be aware of?
What appointments do you have in place? Any missed appointments?
Anything you require additional support with?
Please give details

Childcare Assessment.

Does the child have any health needs? If yes, please give details

Does the child take any medication? If yes, please give details

Does the child have any education needs? If yes, please give details

Does the child have any upcoming health appointments, immunisation appointment etc? If yes, please give details

Third Party Key Contacts (specify N/A if not applicable)

*Require pre-admission reports.	**Name**	**Address**	**Phone Number**	**Permission to contact**
Next of Kin				☐ Yes ☐ No
GP *				☐ Yes ☐ No
Care Manager				☐ Yes ☐ No
Probation officer *				☐ Yes ☐ No
Clients' social worker *				☐ Yes ☐ No
Children's social worker *				☐ Yes ☐ No
Mental Health Team *				☐ Yes ☐ No

Midwife*				☐ Yes ☐ No
Health visitor*				☐ Yes ☐ No

Client Demographics

Sex of client:	☐ Male ☐ Female ☐ Transgender	☐ non - Binary	

Sexuality: ☐ Heterosexual ☐ Homosexual ☐ Bisexual ☐ Other ☐ Not Disclosed

Ethnicity

White Background:	☐ White British	☐ White Irish	☐ White Other	
Mixed Background:	☐ White & Black Caribbean	☐ White & Black African	☐ White & Asian	☐ Other mixed
Asian/ Asian British:	☐ Indian	☐ Pakistani	☐ Bangladeshi	☐ Other Asian
Black/ Black British:	☐ Caribbean	☐ African	☐ Other Black	
Other Ethnic Backgrounds:	☐ Chinese	☐ Other	☐ Not stated	

Nationality:

Religion

☐ Baha'i	☐ Hinduism	☐ Jainism	☐ Sikhism	☐ No Religion
☐ Buddhism	☐ Humanism	☐ Judaism	☐ Zoroastrianism	☐ Not Stated
☐ Christianity	☐ Islam	☐ Rastafarian	☐ Other Religion	

Does the client have any cultural needs? ☐ Yes ☐ No

If yes, please give details

Does the client consider themselves to have a disability? ☐ Yes ☐ No

If yes, please give details

Client's health, relationships and social circumstances.

Substance Misuse: Prompts: Alcohol and drug use frequency, quantity. Any previous experiences of treatment. Any history of fits and seizures?

Physical Health Prompts: Any health conditions, recent injuries, mobility and sensory problems. Any ongoing treatment. Any allergies. Any significant medical history.

Mental Health Prompts: Any diagnosed mental health condition, high levels of distress, current or historical self-harm, any suicidal ideation. Any memory or cognitive problems. Any involvement with mental health services or previous psychiatric admissions.

Medication. Prompts: Medication name, form, dose. What conditions are being treated?

Family and loved ones Prompts: Current family set up, living arrangements

Finance

What is the client's main source of income?

Criminal Justice

Does the client have any convictions? ☐ Yes ☐ No

If yes, give details:

Is the client subject to any orders? ☐ Yes ☐ No

If yes, give details:

MAPPA?	☐ MAPPA Level 1	☐ MAPPA Level 2	☐ MAPPA Level 3

Has the client served a sentence in prison? ☐ Yes ☐ No

If yes, give details:

Pre-Admission Risk Screen

Key:	Now	Current behaviour/ Issue	Past	Previous behaviour/ issue not current	Never	Never engaged in behaviour/ never been an issue

A. Substance Misuse Issues	Now	Past	Never
A.1 Overdose risk	☐	☐	☐
A.2 Health problems caused by substance misuse	☐	☐	☐
A.3 Currently injecting substances. Engaging in dangerous injecting practices.	☐	☐	☐
A.4 Alcohol withdrawals	☐	☐	☐
A.5 Fits and seizures	☐	☐	☐
A.6 Blackouts and Memory Loss	☐	☐	☐
A7 Poly Substance user	☐	☐	☐
A8 Driving. Operating Machinery	☐	☐	☐

B. Mental Health and Suicide risk	Now	Past	Never
B.1 High levels of distress or suspected mental ill health	☐	☐	☐
B.2 Mental health diagnosis	☐	☐	☐
B.3 Previous suicide attempts.	☐	☐	☐
B.4 Suicidal ideation	☐	☐	☐
B.5 Suicide Plan	☐	☐	☐
B.6 Self-harm	☐	☐	☐
B.7 Expressions of concern from another about risk of suicide or self-harm	☐	☐	☐
B.8 Symptoms of PTSD	☐	☐	☐
B.9 Memory Problems	☐	☐	☐
B10 Eating Disorder	☐	☐	☐

C. Forensic History and Abuse	Now	Past	Never
C.1 Violence	☐	☐	☐
C.2 Use of weapons	☐	☐	☐
C.3 Criminal Activity	☐	☐	☐
C.4 Risk of harm to another person, including DV (If yes, who?.....)	☐	☐	☐
C.5. Risk to staff			
C.6 Admission to a prison	☐	☐	☐
C.7. Convictions for sexual offences	☐	☐	☐
C.8 Arson	☐	☐	☐
C.9 At risk/experiencing violence, exploitation or abuse from another person, including DV. (If yes, who?.....)	☐	☐	☐

D. Housing	Now	Past	Never
D.1 Rough sleeper	☐	☐	☐
D.2 Temporary accommodation	☐	☐	☐
D.3 Poor accommodation/living conditions	☐	☐	☐
D.4 Rent arrears	☐	☐	☐
D.5 At risk of eviction	☐	☐	☐

E. Neglect	Now	Past	Never
E.1 Nutritional needs unmet	☐	☐	☐
E.2 Poor personal hygiene	☐	☐	☐
E.3 Debts	☐	☐	☐
E.4 Isolated	☐	☐	☐

F. Family and Children	Now	Past	Never
F.1 Client has childcare responsibilities	☐	☐	☐
F.2 Substance misuse has affected children	☐	☐	☐
F.3. Social services involvement	☐	☐	☐
F.4. Unsafe and unsecure storage of medication, substances and equipment	☐	☐	☐
F.5. Currently Pregnant or thinks they may be	☐	☐	☐

G. Sexual Practice	Now	Past	Never
G.1 Unsafe sexual practices	☐	☐	☐
G.2 Engaged in sex work	☐	☐	☐

H. Treatment Issues	Now	Past	Never
H.1 Erratic engagement	☐	☐	☐
H.2. Noncompliance with medication	☐	☐	☐

I. Physical Health	Now	Past	Never
I.1 Current physical health condition	☐	☐	☐
I.2 Physical disability/impairment			
I.3 Positive BBV status	☐	☐	☐

Any other significant risks identified?

Post Treatment Aftercare

Phoenix Futures **Sustaining Recovery Family Worker** will be responsive in ensuring a continuum of care approach to assist individuals and their families in sustaining their recovery over a long-term period after completion of the residential programme.

Available Aftercare:

0ne-to-one support drop in/ad-hoc face to face or virtually, facilitation of therapeutic aftercare groups to address social, emotional, health and practical needs.

Post Discharge:

All discharged families will be supported to maintain their local connections and support networks as they will be returning to their home Local Authority area.

In order to promote a growth in recovery capital (including but not limited to housing, harm reduction, employability, recovery networks, meaningful commitments, volunteering, education, ongoing whole family support etc.)

Include details of local supports and structure that will be in place, of identified interest or can be explored and will be accessible pre (if applicable) & post discharge:

Those responsible for referring clients must ensure that local support services that have capacity to support families recovery upon discharge are identified and in place before the commencement of treatment.

External Agencies Reports Consent Page

I confirm that I consent for you to contact the following agencies to obtain additional reports to support my referral into Phoenix Futures residential services.

My General Practitioner: ☐ Yes ☐ No

Care Manager: ☐ Yes ☐ No

Probation Officer: ☐ Yes ☐ No

Client's Social Worker: ☐ Yes ☐ No

Children's Social Worker: ☐ Yes ☐ No

Community Mental Health Team: ☐ Yes ☐ No

Health Visitor: ☐ Yes ☐ No

Midwife: ☐ Yes ☐ No

Client Signature:

Date: