

Referral to MACS from Social Services Team & CMHT

Date of referral: MSW initials:

Do you have client's permission to refer? or, if client cannot consent to referral, please detail below.

Client name:

Address:

How long has client lived in Brighton & Hove? years months

Social Landlord? **Private Tenant?** **Home owner ? (delete as applicable)**

Name of Landlord

Date of Birth: Ethnic Origin:

Telephone number:

Referrer:

Team:

Telephone number:

Is the Client a security risk to workers?	<input type="checkbox"/>	<input type="checkbox"/>
Does the client need a home visit? If so why?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any environmental hazards? (eg client smokes, infectious diseases, pets etc)	<input type="checkbox"/>	<input type="checkbox"/>
Are there other people living with or known to visit client presenting security risk?	<input type="checkbox"/>	<input type="checkbox"/>
Has a court or tribunal date been set re debts or benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Client at risk of being made homeless?	<input type="checkbox"/>	<input type="checkbox"/>
Is the client unable to access their income?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Client run out of money for food?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Client at risk of having utilities or phone disconnected?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Client at risk of Financial Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Does the Client have any specific communication needs (e.g. sign language, requires interpreter)?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Client at risk of being admitted to hospital?	<input type="checkbox"/>	<input type="checkbox"/>

(if yes for any of the above please give details below)

- Care plan included NB CARE PLAN IS ESSENTIAL FOR REFERRAL TO PROCEED
- Risk Assessment included
- Who to contact for 1st appointment: referrer / client / other

Details of above, & reason for referral:

When the form is complete fax to MACS on 01273 664001