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**Living your Life (Bedfordshire) CIC**

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We recommend you password protect this document before emailing sensitive and confidential information to us.

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| **DATE OF REFERRAL** |  |
| **NAME OF REFERRING ORGANISATION / PERSON** |  |
| **CONTACT DETAILS** |   |

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| **CLIENT DETAILS** |
| **NAME:****PREFERRED NAME:**  |  |
| **ADDRESS:**  |  |
| **EMAIL:**  |   |
| **TELEPHONE:** |  |
| **SAFE TIME TO CONTACT / PREFERRED METHOD:**  |  |
| **DATE OF BIRTH:**  |  |
| **GENDER:** |  |
| **DISABILITY:** |  |
| **ETHNICITY:**  |  |
| **RELIGION:**  |  |
| **SEXUALITY:** |  |
| **GP:** |  |
| **PREFERRED LANGUAGE:** |  |
| **INTERPRETER REQUIRED?**  |  |
| **EMERGENCY CONTACT:** |  |
| **OTHER:**  |  |

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|  **REASON FOR REFERRAL** |
| **HAS CLIENT CONSENTED TO REFERRAL:**  |  |
| **TYPE OF REFERRAL:**  |  |
| **REASON FOR REFERRAL:**  |  |

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|  **OTHER INFORMATION** |
| **OTHER ORGANISATIONS INVOLVED:**  | 1)2)3)4) |
| **ANY STATUTORY ORDERS IN PLACE:**  |  |
| **DOES CLIENT KNOW ALLEGED PERPETRATOR?** | Relationship / family member / child / other |
| **HAS CLIENT DISCLOSED TO POLICE?** |  |

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|  **RISK FACTORS** |
| **RISK TO SELF?** |  |
| **RISK TO OTHERS?** |  |
| **REPEAT VICTIM?** |  |
| **MENTAL HEALTH?** |  |
| **ALCOHOL / SUBSTANCE MISUSE OR ADDICTION?** |  |
| **OFFENDING BEHAVIOUR?** |  |

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| **ADDITIONAL COMMENTS:**  |

NAME:

SIGNATURE: DATE: