**A picture containing letter

Description automatically generated**

**Living your Life (Bedfordshire) CIC**

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

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

|  |  |
| --- | --- |
| **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:** |  |

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

|  |  |
| --- | --- |
| **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?** |  |

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

|  |
| --- |
| **ADDITIONAL COMMENTS:** |

NAME:

SIGNATURE: DATE: