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| New Changes Referral**Casework service**Please include as much information as possible, including recent DASH RIC score and threat from perpetrator.  In order for us to work in a trauma informed way, please let us know about any previous and/or current mental health difficulties that may impact on how we work with the woman to enable us to put relevant support in place. |
| Client Name |  |
| Address |  | Safe to send letters? | Yes  | [ ]  |
| No | [ ]  |
| Mobile Tel |  | Safe to leave voicemail or text message? | Yes  | [ ]  |
| Home Tel |  | No | [ ]  |
| Email |  |
| Date of birth |  | First language |  |
| Specific client support needs (please tick any that apply)  |
| [ ]  | Accommodation | [ ]  | Family and relationships |
| [ ]  | Employment, training, education | [ ]  | Lifestyle and purpose |
| [ ]  | Finance, benefits, debt | [ ]  | Health and wellbeing |
| [ ]  | Dependency and recovery / substance use | [ ]  | Social inclusion and belonging |
| Please use the space below for further info around support needs (e.g. mobility, language, disability) |
|  |
| Presenting issues and brief history of client–please include any past or present mental health issues/diagnoses (please copy and paste all available info on history, with client permission) |
|  |
| Receiving support from other services? (give details –this helps us ensure the safety of the client) |
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| GP details if available (name, surgery, tel no) |
|   |
| Referrer’s Risk Assessment |
|  | Risk from perpetrator | Violence/harm to others | Suicidal | Self-harm |
| No apparent risk |  |  |  |  |
| Low risk |  |  |  |  |
| Significant risk |  |  |  |  |
| Serious apparent risk |  |  |  |  |
| Serious and immediate risk |  |  |  |  |
| Please give further information relating to any risks identified (e.g. confirm approx. dates of any suicide attempts) |
|  |
| DASH RIC completed | Yes | [ ]  | No | [ ]  |  |
| Date completed |  |
| Level of risk identified |  |
|  |
| Referred by (name, agency, tel no, email) |
|  |
| Date |  |
| **Please securely return this form:**via secure email to ruth.tarlo@changes.cjsm.net or referral forms can be password protected and sent to ruth@nottinghamwomenscentre.com (please email password separately) |