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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) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 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](mailto:ruth.tarlo@changes.cjsm.net)  or referral forms can be password protected and sent to [ruth@nottinghamwomenscentre.com](mailto:ruth@nottinghamwomenscentre.com) (please email password separately) | | | | | | | | | | | | | | | | |