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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 if known.  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. Please only refer if client has consented to us contacting her. | | | | | | | | | | | | | | | | | |
| Client Name | |  | | | | | | | | | | | | | | | |
| Address inc postcode | |  | | | | | | | | Safe to send letters? | | | | Yes | |  | |
| No | |  | |
| Phone number | |  | | | | | | | | Safe to text? | | | | Yes | |  | |
| Email | |  | | | | | | | | Safe to email? | | | | Yes | |  | |
| Date of birth | |  | | | | Children in household, & ages? | | | | | | |  | | | | |
| Please use the space below for further info around accessibility (e.g. mobility, language, disability) | | | | | | | | | | | | | | | | | |
| Language needs:  Mobility/disability issues/neurodiversity:  Any other factors affecting access to our services: | | | | | | | | | | | | | | | | | |
| Specific client 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 | | | | | | |
| Why are you referring to us? | | | | | | | | | | | | | | | | | |
| What does client need help with? Please specify timescales if anything urgent/crisis. Please copy and paste all available info on history, with client permission, so that client doesn’t have to repeat what she’s already told you. | | | | | | | | | | | | | | | | | |
| Is client receiving ongoing support from your service or other services? (give details –this helps us ensure the safety of the client) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| GP details if available (name, surgery, tel no) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Your Risk Assessment of Client and her situation | | | | | | | | | | | | | | | | | |
|  | | | Risk from perpetrator | | | | Is there a risk of her harming others | | | | | Suicidal | | | Self-harm | | |
| No apparent risk | | |  | | | |  | | | | |  | | |  | | |
| Low risk | | |  | | | |  | | | | |  | | |  | | |
| Significant or serious risk (apparent or immediate) | | |  | | | |  | | | | |  | | |  | | |
| Please give further information relating to any risks identified (e.g. confirm approx. dates of any suicide attempts, mitigating factors, MARAC referrals) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| DASH RIC completed | | | | Yes |  | No | | Date completed | | | | | | | | |  |
| Level of risk identified | | | |  | | | | | | | | | | | | | |
| This referral completed by (name, mobile number, email) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Date | |  | | | | | | | | | | | | | | | |
| **Please return this form securely:**  Please password protect this referral form and send it to [reception@nottinghamwomenscentre.com](mailto:reception@nottinghamwomenscentre.com)  Please email password separately to [reception@nottinghamwomenscentre.com](mailto:reception@nottinghamwomenscentre.com) | | | | | | | | | | | | | | | | | |