

### Initial Referral Form

An initial referral is our way of gaining a perspective from as many angles as possible on what works best for the people we support. Please include details about home life, health and well-being, dangers and triggers, future wants and wishes, and physical health support needs. This information will help us to ascertain the most suitable support and is confidential.

Referrer Details					
Referring organisation:					
Name of referrer:		Date of referral:			
Referrer contact details:					
Client Details					
Name:		D.O.B:		Gender:	
Address:					
Contact Numbers:	Home:	Mobile:			
Parent/carer/other advocate name(s):					
Parent/carer/advocate contact details):					
Current placement, if so, where:					
Support ratio required if known: (1:1, 1:2, 1:4)					
<b>*We will contact you following assessment of this form to arrange an initial assessment.</b>					
Diagnosis details:					
Medical Information:					
Consent and Mental Capacity					
Does the person have capacity to decide regarding attending/ being supported?					

Please return to [contact@kimberleysupportedliving.co.uk](mailto:contact@kimberleysupportedliving.co.uk)

0115 772 0466

Have the views of people engaged in caring for the individual e.g. family, carers, CLDT been sought?  
Please record the names and views of those consulted.

### Communication

Communication issues:

Communication methods currently  
used e.g. BSL, Makaton:

Behaviour triggers around  
communication

### Support Requirements

Communication needs  
*Please tick all that  
apply*

- |   |                          |
|---|--------------------------|
| Makaton   | <input type="checkbox"/> |
| EAL (English as Additional Language)            | <input type="checkbox"/> |
| Visual Timetable preferred                      | <input type="checkbox"/> |
| British Sign Language (BSL)                     | <input type="checkbox"/> |
| Visual Impairment – if so please specify needs  | <input type="checkbox"/> |
| Hearing Impairment – if so please specify needs | <input type="checkbox"/> |

Personal Care needs

- |  |   |
|--|---|
| Is personal care required?                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                      |
| If yes, is a particular member of staff preferred? | Male <input type="checkbox"/> Female <input type="checkbox"/> Either <input type="checkbox"/> |

Travel

- |  |  |
|--|--|
| Can the client travel independently?                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the client have a bus pass?                       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, does it include a companion pass?              | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Has the client participated in travel training before? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

<p>Behaviours of Concern <i>Please give details of any behaviours of concern (including triggers and strategies/techniques for managing the behaviour)</i></p>	
<p>Health and Fitness</p>	<p>Does the client have mobility issues? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, does the client require the use of a mobility aid? ie, wheelchair, rotunda, walker, cane, please give details:</p>
	<p>Does the client have any physical impairments which may affect their ability to participate in health and fitness related activities? i.e. muscular skeletal conditions which affect joints, bones, and muscles i.e. arthritis, osteoporosis, please give details:</p>
<p>Other Support Needs</p>	
<p>Please specify below which <b>skills and areas of development</b> the client might be interested in exploring further as part of their person-centred support.</p>	

<b>Additional Information</b>
<p><b>IMPORTANT:</b> Please attach current/last EHCP, current/last Care Plan, any current/last professional medical assessments or reports, or any other supporting documentation. Please indicate by marking the box X:</p> <p>Documents Attached <input type="checkbox"/></p> <p>No Further Documents <input type="checkbox"/></p>