**Referral Form to: **

**Clinical Health Team for People with Learning Disabilities**

PLEASE COMPLETE THIS REFERRAL FORM IN AS MUCH DETAIL AS POSSIBLE. THE MORE IMFORMATION PROVIDED ON THIS FORM, THE QUICKER THE REFERRAL WILL BE PROCESSED.

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| **Eligibility Criteria**  The person you are referring **must**:   * Be registered with a GP in Sutton * Be aged 18 years or over * Have a learning disability (not a learning difficulty) * Consent to this referral * Agree to have their information shared where appropriate | |
| Biographical Details | |
| Name: DOB: | |
| Address:  Post Code:  Telephone Number: | |
| Next of Kin  Address:  Tel No; | GP;  Tel No; |
| Referral Details | |
| Referred by: Position /Role:  Address;  Telephone number: Email: | |
| Is the client known to Sutton Disability Team? | Mosaic No; |
| Is client able to consent to the Referral? | Is the carer aware of the referral? |
| If yes, does the client consent? | Is the carer in agreement with the referral? |
| Has the GP been informed/ involved in the referral? | Placing Authority (if client in residential care): |
| Social worker/Care Manager’s name: | Address and phone number of team (if not London Borough of Sutton) |
| Current Situation | |
| Type of housing | |
| Other Professional /Services Currently involved: | |
| Diagnoses (if known) Please include level of learning disability and other health diagnoses. | |
| Previous contact with health/community services;  List, in brief, what issues were dealt with? (e.g. Respite, housing, day services, Speech & Language Therapy, Psychology etc) | |
| **Reason for Referral** | |
| Background to request for referral? (continue on a separate sheet if necessary)  Please give as much detail as possible. | |
| What do you hope the team can do for the client? | |
| Any further information | |

**Referral completed by: Date:**

**Please return this form to:**

***London Borough of Sutton***

***First Contact Team, People Call Centre***

***Ground Floor, Civic Offices***

***St Nicholas Way***

***Sutton***

***SM1 1EA***

***or email to:*** [**adultsdayservice@sutton.gov.uk**](mailto:adultsdayservice@sutton.gov.uk)