**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
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| 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**