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| Description: Z:\SDAIS ORGANISATION\Leaflets & Publicity\Logos\New Brand 2016\New Brand SDAIS Colour Logo.png | **REFERRAL TO SDAIS****FAX TO** : (01642) 612666 **E-MAIL TO** : support@stockton-cab.co.uk | Description: Z:\SDAIS ORGANISATION\Leaflets & Publicity\Logos\New Brand 2016\New Brand SDAIS Colour Logo.png |

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|  | **Referral from:** |
| Name Click here to enter text.Organisation Click here to enter text.TEAM: Click here to enter text.Contact details – Tel Click here to enter text.Secure Email: Click here to enter text. |
| Client/Case Details |
| Name of client | Click here to enter text. | Click here to enter text. |
| Date of referral: | Click here to enter a date. | Date of Birth: | Click here to enter text. |
| Address: | Click here to enter text. | Postcode: (Essential)Click here to enter text. |
| LandlineMessage OK? | Click here to enter text.   Yes/noChoose an item. | MobileMessage OK? |  Click here to enter text.  Yes/noChoose an item. |
| Email: | Click here to enter text. |
| **Health Conditions** | **Respiratory Disease** [ ]  **Cardio-vascular** [ ]  **Disability** [ ]  **Stroke** [ ] **Other (state)** [ ] Click here to enter text. |
| **NHS No. (if known) …………………………….National Insurance Number (if known)…………………………….** |
| [ ] Afternoon Appointment [ ] Outreach Appointment[ ] Home Visit Essential[ ] Support worker need to attend |
| If a home visit is essential, please detail what prevents client from getting into main officeClick here to enter text. |
| Deadlines/Emergencies – Are there any emergencies or deadlines that we need to be aware of. Please detail below:Click here to enter text. |
| **Reason for referral** |
| Benefit Claim FormIf Yes, has form been ordered? | Choose an item.Choose an item. | Advocacy | Choose an item. |
| Consumer | Choose an item. | Benefit check | Choose an item. |
| Housing | Choose an item. | Community care (please provide details below) | Choose an item. |
| Debts | Choose an item. | Employment | Choose an item. |
| Budgeting/Financial products | Choose an item. | Other (please state) Click here to enter text. |
| Energy Advice |  Choose an item. |

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| **Further details of referral (if required or not covered above)** |
| Click here to enter text. |
| **Risk factors - Are there any risk factors that need to be considered eg can client be seen by lone worker at home?** |
| Click here to enter text. |
| **INTERNAL USE ONLY****Progress of Referral**  |
|  **Outcome of referral**  |
| Date referral received:Action Taken:Actioned by:Date Actioned:HV/Appt Arranged – Date + Adviser |

**THIS FORM SHOULD BE FILED IN THE SDAIS REFERRALS FILE IN RECEPTION. COPY TO TEAM IF REQUIRED.**

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| Policy: SDAIS Referral Form | Authorised by: IB |
| Version: 3 | Location: Bath Lane |
| Version Date: 29th November 2017 |  |