ADAMHS

**Referral for Adults to the ADAMHS Learning Disability Group**

**Please complete all sections of the referral form, giving as much information as possible and attach additional care reports if appropriate. Thank you!**

|  |
| --- |
| Please email this completed referral form to [**adam@adamhs.co.uk**](mailto:kentchft.ldsref@nhs.net)  or phone **07722015739**  or post to ADAMHS, Myplace, Customs House, North Street, Middlesbrough, TS2 1JP |

**1. Person referred**

|  |  |
| --- | --- |
| Name: | DOB: |
| Address: | Phone: |
|  | Email: |

**2. Next of kin or person to contact in an emergency**

|  |  |
| --- | --- |
| Name: | Phone: |
| Relationship to person: | Email: |
| Address: | |

**3. Referral details**

|  |  |  |
| --- | --- | --- |
| Date of Referral: |  | |
| Referred By: | Role/relationship/position: | |
| Address: | | Email:  Phone: |

**4. General practitioner (GP) - this section must be completed**

|  |  |
| --- | --- |
| Name: | Phone: |
| Address: | Email: |

**5. Brief history and reason for referral**

(Please include allergies, and any long term/or serious conditions)

|  |
| --- |
|  |

**6. Other professionals involved**

|  |  |
| --- | --- |
|  |  |
|  |  |

**7. Known risk or priority factors – please give details**

|  |
| --- |
|  |

**8. Has person consented to this referral? Yes / No**

Ifno – please give the name of the person agreeing

the referral is in their best interests and ensure the referral

is discussed with the person referred

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Does person have any communication**

**requirements to aid our contact? Yes / No**

|  |
| --- |
| If Yes, please specify: |

**10. Does the person/carer have any environmental**

**requirements to aid our contact? Yes / No**

(i.e. visit at clinic/home/day placement)

|  |
| --- |
| If Yes, please specify: |

**11. Additional information attached Yes / No**

|  |
| --- |
|  |

**12. Please sign the box below**

|  |  |
| --- | --- |
| Signature | Date |

By signing this box, you are agreeing that the information provided is true and correct.

ADAMHS

Myplace, Customs House

North Street

Middlesbrough

TS2 1JP

Adam Bullock

Manager

07722015739

[adam@adamhs.co.uk](mailto:adam@adamhs.co.uk)

[www.ADAMHS.co.uk](http://www.ADAMHS.co.uk)