Adult Social Care Assessment			
Please note: SLAM referrers, please attach a recent summary of the person's situation and risk assessment, if available.			
Need Domains	**Need identified**	**When did the need start?**	**What is the need, and what Support is currently in place?**
Managing and maintaining nutrition (meal preparation)	☐ Yes ☐ No		
Maintaining personal hygiene	☐ Yes ☐ No		
Managing toilet needs	☐ Yes ☐ No		
Being 'appropriately' clothed	☐ Yes ☐ No		
Being able to make use of your home safely	☐ Yes ☐ No		
Maintaining a habitable home environment, including correspondence and administering your finances	☐ Yes ☐ No		
Developing and maintaining family or other personal relationships	☐ Yes ☐ No		
Accessing and engaging in work, training, education or volunteering	☐ Yes ☐ No		
Making use of necessary facilities or services in the local community, including public transport and recreational facilities or services	☐ Yes ☐ No		
Carrying out any caring responsibilities for a child/other dependant	☐ Yes ☐ No		
Please email this referral form to: MentalHealthDivisionASC@Southwark.gov.uk Tel: TBC			

Referral Form: Mental Health Adult Social Care

<table>
<tr><td colspan="4"><u>referrer</u></td></tr>
<tr><td colspan="4">Your Name:</td></tr>
<tr><td colspan="2">Team Name and Address (if relevant)</td><td colspan="2">Team Landline, email and mobile number</td></tr>
<tr><td colspan="2">Length of time the Person has been known to your team/service:</td><td colspan="2">What is your relationship to the person being referred?</td></tr>
<tr><td colspan="4"><u>Person being referred</u></td></tr>
<tr><td colspan="4">Person's Name (and alias if appropriate):</td></tr>
<tr><td>Date or Birth & Age: the service if for adults 18- 65 years old.</td><td>NHS Number:</td><td>Ethnicity:</td><td>Gender</td></tr>
<tr><td colspan="2">Person's Address:</td><td colspan="2">Person's Telephone number(s) and Email:</td></tr>
<tr><td colspan="2">Person's GP Name and Address:</td><td colspan="2">GP's Phone number and email</td></tr>
<tr><td colspan="2">Immigration status: UK Citizen/ EU Citizen/ NRPF's/Other (please specify)</td><td colspan="2">Does the person have communication difficulties? If so please state. i.e language/interpreter/BSL signer'</td></tr>
<tr><td colspan="2">Family/carers details: to include next of kin and nearest relative.</td><td colspan="2">Dependent children's name and ages, and whether they live with the person</td></tr>
<tr><td colspan="2">Other professional involved:</td><td colspan="2"></td></tr>
<tr><td colspan="4">Please provide a brief description of the Person's mental health needs, and their insight to difficulties they may be having:</td></tr>
<tr><td colspan="4">Does the person have difficulties engaging with support? If so, please provide details:</td></tr>
<tr><td>Is the person aware that you have made the referral?</td><td>Yes/ No</td><td>Has the person consented to sharing information with us?</td><td>Yes/ no</td></tr>
</table>

What are you referring for?

Safeguarding Adults Manager ☐	AMHP ☐	Adult Social Care Assessment of Need ☐	Carers Assessment ☐	Substance Misuse Rehab Assessment of need☐
Please send the Safeguarding alert/concern and any other information with this email and page overleaf.	Please send any relevant information, such as ARC documents.	Please complete the page overleaf.	Please attach detail of the cared for: their name, address, dob, and whether they are in receipt of any support.	Please complete Substance Misuse referral form and complete the page overleaf.

Please provide brief details about your referral: