



Referral Form

Application for Residential Care & Support

Name of Referrer		
Position		
Agency		
Telephone No.		Fax
Mobile No.		E Mail
Name of Client		
D.O.B.		Male/Female (<i>delete as applicable</i>)
Current Address		
Home Address		
Other Professionals Involved in the Client's Care/Support		
NAME	AGENCY	TELEPHONE
Please describe the client's current mental health		
What do you consider to be the primary mental health diagnosis?		
What is the client's current Mental Health Act/legal status?		

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Does the client have any court cases pending?		
Please describe any physical health problems		
Please list all current medication		
To what extent does the client participate in and/or is compliant with his/her treatment regime?		
Why does the client need residential care?		
Does the client know about this referral? <i>If yes, how much interest have they shown in the placement as an option? If no, why not?</i>		
Please tick 'yes' or 'no'. If yes please give details in Further Information section below		
	YES	NO
Is the client likely to require medical attention on a regular or urgent basis?		
Has the client committed any acts of deliberate self-harm?		
Has the client exhibited any physical aggression towards others?		

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Has the client exhibited any physical aggression towards property?		
Has the client exhibited any verbal aggression or intimidating behaviour?		
Does the client have a history of arson?		
Has the client ever made threats to start fires?		
Through act or omission is the client likely to be a fire risk?		
Is the client vulnerable to sexual exploitation/abuse?		
Is the client vulnerable to financial exploitation/abuse?		
Does the client have a history of alcohol dependency or problems?		
Does the client have a history of drug dependency or problems?		
Further Information		
Signature Date		

Please attach copies of most recent CPA report, risk assessment, care plan or clinical summary from the MDT.

Return to:

Colum Friel
Registered Manager
Anahita Recovery Centre
104 Gavestone Rd
Lee
London
SE12 9BL
Or

Email: colum.friel@anahitarecovery.com or Tel: 0208 857 2077