



# Alexandra Homes Referral Form

Please complete all sections and return form to Alexandra Homes by email or post:

Joe Holmes (General Manager)  
 Ash View House, 30D Cock Road, Kingswood, Bristol, BS15 9SH  
 Email: [Jh@alexandrahomes.co.uk](mailto:Jh@alexandrahomes.co.uk) / [Referrals@alexandrahomes.co.uk](mailto:Referrals@alexandrahomes.co.uk)

This form is also available electronically: [www.alexandrahomes.co.uk](http://www.alexandrahomes.co.uk)

Referrer's Details		
Date:		Contact Address:
Name of Referrer:		
Designation:		Post Code:
Name of Organisation:		Contact Phone No:
Email Address:		

Client's Details	
Full Name	

Male		Female		Other:	
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Date of Birth:		Age:		Marital Status:	
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Client's 1 <sup>st</sup> Language	
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Client's Last Known Home Address:	
	Postcode:
Year of First Mental Health Treatment:	
NHS Number:	



Registered Office:- 05035690  
 Ash View House,  
 30 D Cock Road  
 Kingswood  
 Bristol, BS15 9SH

Last Known GP	Postcode:
Telephone number	
Email	

### Details of Client's Current Placement

Organisation Name:		Organisation Address: Postcode:
Contact Name:		
Phone Number:		
Client has resided here since:		

### Funding

PCT/Trust Name:			
Contact Name:		Contact Phone Number:	
Contact Address:			
Postcode:			
Please ensure that you have informed the CCG/Trust of this Referral			

### Placement Profile Required

Provide an unambiguous outline of placement profile Required (For example, age, gender, day/night specific staffing levels, type of environment required)

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### Please advise if the Client has been referred to any other organisation:

1.
2.
3.

### Legal Status

Informal:	Yes		No	
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*Please indicate if the person is subject to the following. If so, please provide supporting information.*

Section and requirements under the MHA 1983	
Sex offenders register	
Multi-Agency Public Protection Arrangements	

**Please list below the involved professionals**

Name	Designation	Address/Email	Phone Number

**Clinical Diagnosis**

	Yes	Year diagnosed
Autism Spectrum Disorder		
Pervasive Developmental Disorder (Not Otherwise Specified)		
Asperger Syndrome		
ADHD		

Learning Disability		
Speech and language disorder		

Generalized anxiety disorder		
Obsessive-compulsive disorder (OCD)		
Post-traumatic stress disorder (PTSD)		
Schizophrenia		
Schizoaffective disorder		
Bipolar affective disorder		
Psychosis		
Dissociative disorders		
Drugs - recreational drugs & alcohol		

Borderline personality disorder		
Antisocial personality disorder		
Obsessive compulsive personality disorder (OCDP)		
Schizotypal personality disorder		

<b>Please provide additional information and attach any supporting referral documentation*</b>	
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**Medical History**

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**Supporting information regarding chronic physical illness/disability**

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**familial information**

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**Next of Kin:****Address****Nearest Relative  
(for purposes of Mental Health Act)****Address****Main Contact Person  
(if different from next of kin)****Address****Past Psychiatric History**

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**Risk profile and behaviours of concern****Past****Current****Risk to self****Risk to others****Sexual offending****Arson**

**Forensic History**

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**Psychosexual History**

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**Has the client been subject to a Multi-Agency Public Protection Panel Arrangement referral or meeting? Please provide details**

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**Details of any alcohol and Illicit substance misuse**

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**Past and current Treatments (pharmacological, psychological and other)**

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**Developmental and Personal Details**

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**Educational and Occupational Details**

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**Details of any Safeguarding referrals & the outcome**

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**Current Mental health**

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**Relapse indications**

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**Current Medication**

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**Current Interventions e.g. Psychological, OT, Nursing**

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**Client's view of Referral**

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**Family/professional's view of this Referral**

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**CPA/CTR Reviews**

<b>Date of Last CPA Review</b>	
<b>Date of Next CPA Review</b>	

**Supporting Documentation:**

Please list, using the box below, all the documents, assessments and reports that you are sending in support of this referral. Please insert more rows, as required.

**Important Note:** We will rely on the information you send to inform our own assessment process and when devising an appropriate 'Support Plan & Risk Management Plan', 'Risk Profile' and 'Compatibility Profile', if the referral is accepted.

Document Name/Type	Document Date	Document Author	Please tick to confirm that you have included the document

Reason for Referral (please tick relevant boxes)			
Specialist service offered at Alexandra Homes Ltd		Alexandra Homes Ltd reputation/recommendation	
Location		Cost	
CQC Report/Status		No local facility available	
Local facility is full		Other, please state:	

*We remind you of the expectation that you contact the host local authority when considering out of area placements. When considering placements please contact the local authority safeguarding adults' team (Bristol City Council or South Glos Council) to discuss the location you are considering.*

**Please return, marked for the attention of:**

John Duggan (Owner/Registered Manager / Joe Holmes (General Manager)