

ST. DAVID'S BRADBURY DAY CENTRE
REFERRAL FORM

To be filled in by the referrer e.g. Health Visitor, Social Worker, GP, Neighbour, Relative with permission of the person being referred.

REFERRED PERSON

Name Date of Birth.....

Address

.....

Telephone Number Age on Referral

Carer Relationship

Emergency Contact Number Living Situation

.....

NEXT OF KIN

Name

Address

.....

Telephone Number

OTHER CONTACT NAME (e.g. neighbour/friend)

Name

Address

Telephone Number

REFERRER

Name

Address

.....

Telephone Number Date of Referral

REASON FOR REFERRAL

.....
.....
.....

IF THE PERSON WHO IS BEING REFERRED IS HOUSEBOUND, PLEASE STATE, ALSO STATE REASON

.....
.....
.....

DOES THIS PERSON ATTEND ANY OTHER CLUBS OR DAY CENTRES **YES/NO**
IF YES WHICH ONE(S)

.....
.....

The person being referred will be visited by an appropriate member of staff from the Centre, to assess suitability.

If the referrer, relative or friend would like to be present at the assessment, please state.

.....

Doctors Name & Address

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Please return to:

Maureen Moore
Manager
St. David's Bradbury Day Centre
57 St. David's
Newtongrange
Midlothian
EH22 4LF

Telephone Number 0131 660 1285
Email:- st_dauidsdaycentre@hotmail.com

www.stdavidsbradburydaycentre.org.uk

**ST. DAVID'S BRADBURY DAY CENTRE
REFERRAL ASSESSMENT FORM**

General Health:

Mobility:
Sight:
Hearing:
Continence:
Special Dietary Requirements:
Allergies:
Appetite/Weight:
Sleep Pattern:
Other Illness or Disabilities:
Speech Difficulties:

Medication:

Mental Health:

Orientation of time, place, person & things:
Memory – short/long term:
Concentration:
Motivation:
Mood:
Behaviour:
Communication:
Expressing:
Understanding:
Wandering:
Restlessness:

Personal Skills:

Personality:
Sociability:
Domestic Care:
Personal Care:
Social Habits:

Carers:

Health:
Emotional Support:
Carers Group:
Carers Support Worker:

Past History:

Social Contacts:
Previous Occupation:
Family:
Other services involved
Religion:
Interests:
Activities:
Pets:

Transport:

Can the person walk unaided to a car?	yes/no
Can the person get into the back seat of a car?	yes/no
Is a tail-lift ambulance required?	yes/no
Has the person a mobility aid? (if yes what type)	yes/no

At the Centre

Assistance with toileting	yes/no
Management for continence	yes/no
Assistance with walking inside?	yes/no
Assistance with eating/drinking?	yes/no
Assistance with clothing?	yes/no

Assessor

Is the person suitable for the Centre	yes/no
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If no, brief explanation why

Information given to referrer	Date:	By:
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Place Offered	Date:	By:
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Would it be desirable to have a member of staff visit prior to attendance	yes/no
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Visit Arranged	Date:	By:
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Place Accepted	Yes/No
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If yes, transport arrangements organised by:

Start Date:

Check list

Service user agreement	yes/no
Authorisation form	yes/no
GP form	yes/no
Medication Permission Form	yes/no
Personal History	yes/no