****

**(Office use only) RSS number:**

**(Office use only) GP Code:**

**Rotherham Safe Space Referral Form**

|  |  |  |
| --- | --- | --- |
| Date and Time of Referral: | **Date**: | **Time:**  |
| Professional’s details: | **Service:** | **Name:** | **Contact no:** |
| Service User/ visitor details: | **Full Name:** | **Preferred name** | **Pro-nouns:** |
| **DOB:** | **Age:** | **Communication difficulties?**  |
| **Gender:** | **Sexuality:** | **Relationship status:** |
| **Address and Postcode:** |  |
| **Contact number of visitor:** |  |
| **Email of visitor:** |  |
| **Diagnosis:** | **Disability?**  |
| **Allergies?** | **Carer for anyone?** |
| **Any issues or risk factors we need to know about e.g.****Use of Alcohol/substances****Health conditions** **History of violence****Safeguarding** **Self-harm** |  |
| **Known to any other services? If yes, which ones?****Have a current care plan/crisis plan? If yes, can this be shared?** |  |
| **How did the visitor hear about RSS?** |  |
| **Next of Kin Name and relationship to service user:** |  |
| **Next of Kin contact details (phone / address)** |  |
| **Confidentiality explained?** | **Can we contact visitor by post if required?** |
| **Ethnicity**  |  |
| **Religion:** |  |
| **Residency status:** |  |
| **NHS Number** |  |
| **GP Name & Surgery:** |  |
| **How would the visitor attend RSS? Do they require a taxi?** |  |
| **Details of reason for referral & any other relevant information:****Have you spoken about the referral to the visitor?** |  |
| **If the Rotherham Safe Space wasn’t here who would you have referred them to?** |  |
| **“Are they known as a frequent attender?”** |  |

**Once this form is completed, please email to:** **rotherhamsafespace@touchstonesupport.org.uk** **Our team will contact the service user during operational hours. Thank you.**