**A picture containing text, clipart

Description automatically generated**

**(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**](mailto:rotherhamsafespace@touchstonesupport.org.uk) **Our team will contact the service user during operational hours. Thank you.**