

Spring Service Referral Form

Client Details

Name		Date of Birth	Gender identity
Address		Postcode	Safe to write?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe living arrangements (eg client lives at mum's/lives alone etc)			
Telephone		Safe to call/leave a message?	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ethnicity		Is the client pregnant?	
Religion/Faith/Belief		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sexual orientation		Is client disabled?	
Main Language		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is client subject to a Community Payback Order?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details:			
Does the client have literacy issues?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the Client have numeracy issues?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Referrer Details

Name		Job Title	
Organisation		Contact number	
Contact email		How long have you worked with the service user?	
Is client aware of referral?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Children's Details (if applicable)

Name	Gender	DOB	Address (if different from above)	Is there social work involvement? (if so please provide details if known)

Health Details

GP Name		Address	
Contact Number			

Please list below any areas of concern which you are aware of:

Issue / Diagnosis	Medication /Treatment (if any)
Physical health	
Mental health	

Issue / Diagnosis		Medication /Treatment (if any)
Drug and/or alcohol use		
<p>If any of the areas listed above may impact on the woman's suitability for Spring, or her ability to attend consistently, please give details below (E.g. regular medical appointments / requirement to pick up prescription at a specific time / pattern of drug and/or alcohol use):</p>		

Please tick the areas below that the woman would like to address or may need support with:

	<input checked="" type="checkbox"/>	Please provide details
Family/Social Relationships (parents/children/others)	<input type="checkbox"/>	
Partner relationship (such as domestic abuse)	<input type="checkbox"/>	
Social networks/Negative peer associates	<input type="checkbox"/>	
Offending behaviour	<input type="checkbox"/>	
Mental health	<input type="checkbox"/>	
Identity/ self-esteem / self confidence	<input type="checkbox"/>	
Isolation	<input type="checkbox"/>	
Self harm/suicide ideation/parasuicide	<input type="checkbox"/>	
Drug and/or alcohol use	<input type="checkbox"/>	
Employment/training	<input type="checkbox"/>	
Leisure/use of time		

Literacy/Numeracy	<input type="checkbox"/>	
Accommodation/homelessness	<input type="checkbox"/>	
Other (please give details):	<input type="checkbox"/>	

Any other information or significant concerns that would help workers provide a safe, appropriate, and supportive service? E.g. Self harm/suicide/risk assessment etc

Please submit this form by one of the following methods:

Email: spring@midlothian.gov.uk

Please send via a secure email address or an encrypted email.

Fax: 0131 660 6792

Post to: Spring service, Dalkeith Social Work Centre, Dalkeith, EH22 1AL

If you have any queries, please contact the Spring phone on 07710 919 403