



Cascade Care: Referral Application Form

Please complete this form as fully and clearly as possible and return to Paul Jones, Referrals Coordinator, either on line, as indicated, p.jones@cascade-care.co.uk or by fax, marked for Paul Jones' attention 0207 843 5898

All information provided will be treated by Cascade Care Limited in the strictest confidence in full compliance with the Data Protection Act.

APPLICANT DETAILS: PERSONAL DETAILS

Name.....

Current Abode.....

Hospital Ward / Prison Wing (if applicable).....

Date of Birth.....

Marital Status.....

MENTAL HEALTH STATUS

MH Section.....Date Section Implemented.....

Date of Last MHRT*..... Date of next MHRT.....

*Mental Health Review Tribunal

Date of Admission.....

Index Offence.....

When is Discharge likely?.....

NEXT OF KIN

Name.....Relationship.....

Address.....

Telephone Number.....email (if known)



GENERAL HEALTH

Is the Applicant in general good health?.....

Any recurrent / Chronic illnesses?.....

Details of any physical disabilities.....

Details of Mobility Problems.....

(Please Note: Cascade Care is unable to accommodate seriously physically disabled individuals)

APPLICANT SUPERVISION

Will the Applicant require a Social Supervisor? YES / NO

If yes, please provide name.....Job Title.....

Address.....

.....

Telephone Number.....

APPLICANT'S PSYCHIATRIC PROFILE

In order for Cascade Care to consider fully the applicant's eligibility for assessment, and to process this application promptly, we require:-

- i. Detailed reports of the applicant's social and psychiatric history, together with details of any criminal convictions.
- ii Details of relevant current and previous medical/surgical conditions and/or treatment, giving details of diagnosis, Treatment and prognosis.
- iii Names of medical practitioners involved and details of any hospital admissions
- iv. Medical reports or hospital / prison discharge summaries, if available
- v. Details of any prescribed medication, including details of side effects



Full information for all the above should, wherever possible, accompany the referral form.
Please add any further relevant comments of your own in the following space provided

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APPLICANT'S SOCIAL PROFILE

Please tell us in a few words why you think your applicant would like to live at Cascade Care?

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.....
.....

Does your applicant have any interests/hobbies you think he/she would like help in pursuing whilst living at Cascade Care (Please list)

.....
.....

Does your applicant require support around any of the following areas (Please tick as appropriate)

- | | | | |
|-------------------|-----|---------------|-----|
| Alcohol Use | () | Drug Use | () |
| Anger Management | () | Eating Habits | () |
| Sleeping Patterns | () | Relationships | () |

Any other Area? (Please specify).....



For monitoring purposes only, please tell us a little more about your applicant by ticking where appropriate under the following headings:

His / Her Origin

- AFRICAN ()
- CARIBBEAN ()
- ASIAN ()
- IRISH ()
- BRITISH ()

OTHER (Please Specify).....

His / Her Sexuality

- HETEROSEXUAL ()
- HOMOSEXUAL ()
- LESBIAN ()
- BI-SEXUAL ()
- ASEXUAL ()

His / Her Religion

- ANGLICAN CHURCH ()
- ROMAN CATHOLIC ()
- MUSLIM ()
- JEWISH ()

OTHER
Please Specify.....
NONE()

His / Her Age

- 18-25 YEARS ()
- 26-35 ()
- 36-45 ()
- 46-55 ()
- 56-65 ()



REFERRAL MADE BY:

Name:.....
Job Title:.....
Organisation:.....
Telephone Number:.....

FUNDING AUTHORITY:

Contact Name:.....
Telephone Number:.....

Thank you for completing these questions. All information received by Cascade Care Limited is treated in complete confidence and in full compliance with the Data Protection Act.

Details of Required Documentation

Thank you for making this referral.

Further information is required as listed to complete the referral process.

We now also require the following information about this applicant:-

1. History of the prospective Service User including psychiatric history, risk factors, record of any violent or anti-social behaviour, and substance abuse and details of any criminal proceedings and convictions
2. A clear indication of multi-disciplinary care plans for the prospective Service User including minutes and summaries of previous Section 117 meetings, C.P.A.'s, case conferences and ongoing treatment and therapies.
3. A full and comprehensive list of contact details for all those retaining responsibility for the Service User post-discharge including emergency and out-of-hours contacts.
4. Where applicable, a copy of the conditions attached to a conditional discharge under Sections 37/41 of the Mental Health Act 1983.
5. A supporting psychiatric report from the Responsible Medical Officer (RMO) to include current medication and proposed treatment arrangements in the community.

Please send the required documentation to Paul Jones, Referrals Coordinator, at p.jones@cascade-care.co.uk or Fax on 0207 843 5898

As soon as the information has been received, we will contact you to make arrangements for the applicant's clinical assessment to take place.