NHS Shetland

Shetland Islands Council

REFERRAL FORM

COMMUNITY LEARNING DISABILITIES & AUTISM NURSING SERVICE

Referral for Learning Disabilities/Autism Nursing Service (Child or Adult)

REFERRED BY: **TELEPHONE:**

EMAIL: **DATE OF REFERRAL:**

Are there any concerns/safety issues regarding lone worker status and home visits?

YES ☐ NO ☐

If yes, please state:

NAME OF INDIVIDUAL REQUIRING SERVICE:

DOB/CHI:

ADDRESS:

POSTCODE:

TELEPHONE:

GP NAME:

ADDRESS:

POSTCODE:

CONTACT TELEPHONE NUMBER:

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CONSENT

Has the person verbally/physically agreed to the referral?

YES ☐ NO ☐

If under 16 has the person/parent verbally consented to this referral?

YES ☐ NO ☐

If over 16 and unable to give consent; does the person have a welfare guardian?

YES ☐ NO ☐

Has consent to share information with others for the benefit of the person been given?

YES ☐ NO ☐

Is the person's Next of Kin aware of this referral?

YES ☐ NO ☐

Does the person have additional health needs requiring specialist input from the Learning Disability Nurse, for example: Mental Health; Behaviour management; Communication; Health promotion/education relating to an identified health need such as Epilepsy etc.

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MEDICATION

Medication Name	Dose	Frequency	Date Started

Others involved in supporting the person, i.e. Health, Social Work, Education:

NAME	INVOLVEMENT	CONTACT INFORMATION

Reason for referral: Please state clearly any identified need, the effect on the person and the situation.

To prioritise referrals, please complete the following by ticking the boxes as appropriate:

The person's current day/residential placement is at risk of breaking down

YES ☐ NO ☐

There is risk of self-harm to the person and/or others

YES ☐ NO ☐

There is risk of neglect and/or abuse

YES ☐ NO ☐

There are significant changes to the person's behaviour

YES ☐ NO ☐

There are significant changes in the person's health status

YES ☐ NO ☐

PLEASE BE ASSURED ALL INFORMATION WILL BE TREATED CONFIDENTIALLY

Please return the completed form to:

Gary Docherty, Consultant Learning Disability Nurse

Independent Living Centre
Gremista
Lerwick
ZE1 0XY

Telephone: 07385425036
Email: gary.docherty@nhs.scot

ADMIN USE ONLY

Date Received	
Date of Contact	
CLDN SIGNATURE	