

Footsteps to Recovery

Change. Growth & Moving On

Referral form
<i>To ensure a smooth referral process, please complete all steps as fully as possible. If you cannot complete any of the steps, please state the reasons why. Incomplete referrals may not be accepted.</i>

Date of Referral:	
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Step 1: Referrer Details	
Name:	Agency:
Tel:	Address:
Email:	Reason for referral:
	Is the person aware of the referral? Y/N

Step 2: Client Details	
Name:	Date of Birth:
Tel:	Address:
Email:	
Gender:	
Any diversity needs? <i>Including literacy, mobility, religious or cultural.</i>	

Are there any times of the day or days of the week that are unsuitable for attending?	Is lone working safe?

Step 3: Confidentiality
<ul style="list-style-type: none"> • For this referral to be processed appropriately, please seek consent to share information from the person being referred. • The information provided will be held securely on paper and electronically in accordance with the Data Protection Act 1998. • The person being referred has the right to withdraw their consent to share information at any time but this may result in a reduction of services that are available.
Has consent been provided to share information? Y/N

Step 4: Client Risk Profile	
<i>Please provide us with an account of risk. All sections need completing. Please state present and past information. Incomplete referrals may not be accepted.</i>	
Drug/ Alcohol use:	Physical Health :
Mental Health:	Domestic Violence:
Offending History:	Safeguarding & Child Protection:
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