



# Complex Needs Service Referral Form

The Centre for Well Being, 501 St Albans Rd, Watford, Herts, WD24 7RQ

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1. Client Information		2. Carer Information			
Name		Name			
D.O.B		D.O.B			
Address		Address			
Phone		Phone			
Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>	Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>		
Religion/ faith		Religion/ faith			
First language		First language			
Ethnicity		Ethnicity			
Nationality		Nationality			
Interpreter required	Yes <input type="checkbox"/> No <input type="checkbox"/>	Interpreter required	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Marital status		Marital status			
Nat Ins No.					
3. Parental status of client					
Parent <input type="checkbox"/> Not a parent <input type="checkbox"/> Declined to answer <input type="checkbox"/>					
Number of dependents:					
Number of children at home:					
Number of children not at home:					
Anybody else who cares for the children:		If yes, please state who:			
5. Referral source					
Self					
Carer/ Family					
Service :					
Onward referral from:		Contact number			
6. Contact details for other professionals involved in the person's care/ support					
GP:					
Psychiatrist					
Care Co-ordinator					
Drug/ Alcohol worker					
Probation Officer					
Need for: Male worker <input type="checkbox"/> Female worker <input type="checkbox"/> Either <input type="checkbox"/>					
7. Summary of Identified Needs - tick all that apply					
Mental health	<input type="checkbox"/>	Physical disability	<input type="checkbox"/>	Finances	<input type="checkbox"/>
Drug/ alcohol use	<input type="checkbox"/>	Self harm	<input type="checkbox"/>	Physical health	<input type="checkbox"/>
Dual diagnosis	<input type="checkbox"/>	Psychological problems	<input type="checkbox"/>	Difficulty engaging with services	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>	Homelessness	<input type="checkbox"/>	Maintaining tenancy	<input type="checkbox"/>
Offending behaviour	<input type="checkbox"/>	Emotional distress	<input type="checkbox"/>	Difficulty maintaining relationships	<input type="checkbox"/>
8. Mental Health					
Diagnosis (if applicable)					
Medication (if any)					
CPA Level (if applicable)		Standard <input type="checkbox"/>	Enhanced <input type="checkbox"/>	Section 117 Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Substance use					
Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Misuse of prescription medication <input type="checkbox"/>					
Details:					

