

Health, Housing and Social Services Referral Scheme REFERRAL FORM

Client's Details	Referrer's Details
Name: _____	Name: _____
Address: _____ _____	Agency & _____ Address _____
Tel No: _____	Tel No: _____

The Client has the following problems:

PROBLEM	SEVERITY <i>Please tick the appropriate box</i>	REFERRED TO	DATE OF REFERRAL
	<input type="checkbox"/> SEVERE <input type="checkbox"/> MODERATE <input type="checkbox"/> NON - URGENT		
	<input type="checkbox"/> SEVERE <input type="checkbox"/> MODERATE <input type="checkbox"/> NON - URGENT		
	<input type="checkbox"/> SEVERE <input type="checkbox"/> MODERATE <input type="checkbox"/> NON - URGENT		

Please tick the appropriate box

I WILL CONTACT THE REFERRAL AGENCIES

THE CLIENT WILL CONTACT THE REFERRAL AGENCIES

GUIDANCE

The following system should be used to refer client's problems

- by the visitor or by referral card. In all cases the referral form should be completed and attached to the client's file
- Where the problem has been classed as **severe** the visitor should refer the client on immediately by telephone to the correct agency
- If the problem is **moderate**, then depending on the client a referral can be made by phone
- If it is a **non urgent** case a referral card should be completed and given to the client