Please email this completed referral form to adultpanel@nca.nhs.uk

#### Key documents to be referenced on the referral form are:

* Risk assessment documentation
* Capacity assessment documentation
* The minutes of the multi–agency meeting where the decision to refer was made outlining the risk and rational for the referral

#### Please note copies of these will need to be submitted with the referral (unless they are on Liquid Logic)

* These documents are attached with the referral Y/N
* These documents are up to date and available on Liquid Logic Y/N

The referrer should also ensure that where any legal advice has been given that this is noted on the referral form.

####  Referrer’s details

|  |  |
| --- | --- |
| **Referrer name** |  |
| **Role of referrer** |  |
| **Contact Details (telephone, email)** |  |
| **Work base and Address** |  |
| **Organisation** |  |
| **Name and contact details of manager who has approved the referral.** |  |
| **Date Submitted**  |  |
| **Time submitted:** |  |
| **Person who will attend panel to present the case (usually TM or chair of the meeting** |  |

#### Adult’s details

|  |  |
| --- | --- |
| **Adult’s first name(s)** |  |
| **Adult’s Surname** |  |
| **P number/NHS number**  |  |
| **Any known alias’s**  |  |
| **Address** |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Ethnicity** |  |

#### Details of reason for the referral

Please provide a synopsis of the person’s circumstances including the causes for concern, identified risks, including any action that has already been taken and details of the professional decision making and rationale which has led to the referral to the Salford High Risk Advisory Panel for further multi-agency discussion.

|  |
| --- |
| **Brief Summary of the persons circumstances**  |
|  |
| **Please state the views, wishes and feeling of the adult or their advocate or representative?** |
|  |
| **Rationale for referral to Salford High Risk Advisory Panel**  |
|  |
| **Date of the multi-agency meeting which made the professional decision to refer to the Salford High Risk Advisory Panel.**  |
|  |
| **What you believe would make a difference** |
|  |

#### Risk Assessment

| **Risks / Problems****Identified** | **Impact of Risk**Record who is at risk (e.g. Service User, Carers, Providers), likelihood and severity | **Actions taken to date to minimise risk and why these have not worked**Include details of provision of services, carer input, referrals to others, request for specialist assessment, etc. |
| --- | --- | --- |
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| 6 |  |  |  |

#### Capacity

|  |  |
| --- | --- |
| **Are there any concerns or doubt regarding the adult’s capacity in respect of the identified risks which are being presented to the panel?**  | ☐Yes ☐No  |
| Date of mental capacity assessment which evidences whether the person **has capacity** or **deemed to lack capacity** as per MCA process (attached a copy to the referral) |  |

#### Consent/engagement of adult for referral

|  |  |
| --- | --- |
| **Is the Adult aware you have made a referral to the Salford High Risk Advisory Panel?** | ☐Yes ☐No If no, why not?  |
| **Has the Adult previously been under the care of children services?**  | ☐Yes ☐No ☐Don’t Know (if don’t know check with children services)  |

#### Health

|  |  |
| --- | --- |
| **Does the Adult have a formal diagnosis by a medical professional?**  | ☐Yes ☐No (if no, please contact GP to confirm) |
| **If yes, what is the person’s diagnosis?**  |  |

#### Other relevant information

|  |
| --- |
| **Have there been any other multiagency meetings in relation to these concerns? E.g. Salford Multi-Agency Public Protection Arrangements, Salford Multi-Agency Risk Assessment Conference, or another multi-agency meeting? If so, please give detail overview of outcome.** |
|  |
| **Has any legal advice been sought in relation to this individual and the level of risk? Please give detail below re date advice sought and advice given.** |
|  |
| **Any other comments or information relevant to the concerns?** |
|  |

#### Significant others (including adults and children)

The details of any other significant adults included children should be recorded.

Where there are no details this should be recorded as not applicable (N/A).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Address** | **Relationship to referred adult** | **Known to service** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

#### Partner agencies known to have been involved with this adult

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency name** | **Contact name** | **Contact details including telephone number and email address** | **Are they still involved?** |
|  |  |  |  |
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