

REFERRAL

Date of Referral: _____			
Personal Details		NHS No: _____	
Title:	_____	First Name:	_____
Last Name:	_____	DoB:	_____
Address:	_____ (Address line 1)		
	_____ (Address line 2)		
	_____ (Address line 3)		
Postcode: _____			
Contact Details		(Please tick person's preferred contact)	
Home	_____	Work	_____
Mobile	_____	Email	_____
Other Details			
Male	Female	Civil Status:	_____
Ethnicity:	_____	Religion:	_____
Accommodation:	_____	Employment:	_____
Lives alone	Has 24hr support	Less than 24hr support	
Date of last Annual Health Check:	_____	Date of last Health Action Plan:	_____
Reasonable Adjustments			
Interpreter required:	Yes	No	Language: _____
Mobility needs:	Yes	No	Hearing needs: Yes No
Sight needs:	Yes	No	Other Needs: _____
Can person access/use video conferencing technology (e.g. Zoom)?			Yes No

REFERRED BY		Title:	_____
First Name:	_____	Last Name:	_____
Relationship:	_____	Phone No:	_____
Referrers Address:	_____ (Address line 1)		
	_____ (Address line 2)		
Email: _____			
Has anyone from ELDP been contacted prior to making this referral? Yes No			
If yes, who was it? _____			

REFERRER - Please avoid any delay by completing every part of this form

Name

NHS No:

DoB:

Initial Point of Contact (if not Referrer)		Relationship:
Title: _____	First Name: _____	Last Name: _____
Address: _____		(Address line 1)
_____		(Address line 2)
_____		(Address line 3)
Postcode: _____	Phone No: _____	Email: _____
Carer (if not person above):		Relationship: _____
Title: _____	First Name: _____	Last Name: _____
Address: _____		
Postcode: _____	Phone No: _____	Email: _____

Other People Involved	GP: _____
Address: _____ (Address line 1)	
_____ (Address line 2)	
Postcode: _____	Phone No: _____
Next of Kin: _____	Relationship: _____
Home: _____	Work: _____
Email _____	Mobile No _____
Other People (Health/Social Care Workers, Voluntary workers, Care Provider)	
Name: _____	Role: _____
	Phone _____
	Email: _____
Name: _____	Role: _____
	Phone _____
	Email: _____
Name: _____	Role: _____
	Phone _____
	Email: _____

Education and Health Care Plan (EHCP) [for persons aged 16 – 25]			
Does the person have and EHCP?	Yes	No	Not Known
If Yes, please attach			

Learning Disability			
Does the person have a known learning disability?	Yes	No	Not Known
If Yes, when and how was the LD confirmed? <i>e.g. Assessed by a Psychologist/ diagnosed by a doctor (Paediatrician or Psychiatrist)/ stated in a formal report</i>			
If No or Not Known please complete the screening questions at the end of this form			

Name

NHS No:

DoB:

REASON FOR REFERRAL: *please give information about the following:*

1. Please describe the problem

How long and how often is this problem occurring?

2. What has been done about this problem so far?

Has the person seen the GP/ Mental Health/ other services in relation to it?

What checks/investigations have been carried out, by whom, and what were the findings?

3. How does this problem impact on the person's quality of life?

Attendance at day provision? Placement/home environment? Relationships?

4. What identified risks are associated with this problem?

Risk to self or risk to others?

Is the person aware that this referral has been made?

Yes No

If No, why not?

If yes, does the person agree to accept help?

Yes No

Is the carer aware that this referral has been made?

Yes No

If No, why not?

Do you know of any risks to the visiting professional/s?

Yes No

Please specify:

Please return to:

**Learning Disability
SCREENING TOOL**

Definition of a learning disability:

- A significantly reduced ability to understand new or complex information, to learn new skills (significantly impaired intelligence); **AND**
- A reduced ability to cope independently, (impaired social / adaptive functioning); **AND**
- Which started before adulthood (onset before aged 18) with a lasting effect on development.

Questions to consider	Yes ✓	No ✗
Has anyone ever told the person that they have a learning disability?		
Is there a diagnosis of a learning disability / mental handicap in any notes? (IQ under 70)		
Did person attend any special schools or were they statemented in mainstream school or had extra support?		
Did the person achieve qualifications at school/ (GCSE at low grades could indicate LD, (but high grade GCSE, A Levels or University education LD is not likely).		
Is the person known to the Community Learning Disability Team &/or the Children's Learning Disability Service?		
Does person have a Consultant Psychiatrist for learning disabilities?		
Are they known to Social Services?		
Does person have problems with simple numerical calculations? (i.e. 'If I gave you £5 to buy milk, milk costs £1.50 – how much is left?)		
Does person have problems reading/ (reading a novel or newspaper usually rules out a learning disability).		

REFERRER - Please avoid any delay by completing every part of this form

Name

NHS No:

DoB:

How does the person function in society? Does the person need support with activities of daily living?		
--	--	--

Does person have difficulty with:

Communicating needs	Yes	No
Writing	Yes	No
Self-Care	Yes	No
Living independently	Yes	No
Interpreting social cues	Yes	No
Controlling behaviour	Yes	No
Co-ordinating movement	Yes	No
Learning new skills	Yes	No
Understanding new or complex information	Yes	No

Several 'YES' answers will often indicate the presence of a Learning Disability

Factors which MAY NOT Indicate a learning disability

- Normal development until other factors impact (before 18).
- Diagnosis of ADHD, dyslexia, dyspraxia or Asperger's.
- Successfully attend mainstream education without support.
- Gained qualifications (GCSE and/or A 'Levels)
- Able to function socially without support
- Able to complete complex purchases e.g. buying a house.
- Able to drive a car.
- Contact with mental health services
- Recorded IQ above 70.

Factors which MAY indicate a learning disability

- Record of delayed development/ difficulties with social functioning & daily living before 18.
- Requires significant assistance to provide for own survival (eating & drinking, keeping self clean, warm and clothed) and / or with social / community adaptation (e.g. Social problem solving / reasoning).

NB need for assistance may be subtle.

- Presence of all three criteria for LD i.e. Impairment of intellectual functioning / social adaptive functioning and age of onset.
- Range of information presenting a picture of difficulties in a number of areas of function, not explainable by another 'label'.
- Contact with specialist Learning Disability consultant.