## Davigdor Lodge Rest Home



### Referral Form

#### Application for Residential Care & Support

Name of Referrer		
Position		
/ igency		
Telephone No	Fax	
Mobile No	E Mail	
Name of Client		
D.O.B	Male/Femal	e (delete as applicable)
Current Address		
Home Address		
Other Professionals Involve	ed in the Client's Care/Support	
NAME	AGENCY	TELEPHONE
Please describe the client's	e the primary mental health diagnosis?	
vviiat do you consider to be	the primary mental health diagnosis?	
What is the client's current	Mental Health Act/legal status?	

Page 1 of 3 Last Revised 02/12/2015

# Davigdor Lodge Rest Home

Does the client have any court cases pending?			
Please describe any physical health problems			
Please list all current medication			
To what extent does the client participate in and/or is compliant with	h his/her t	treatment	
regime?			
Why does the client need residential care?			
with does the cheft need residential care:			
Does the client know about this referral? If yes, how much interest have	e they sho	wn in the	
placement as an option? If no, why not?			
Please tick 'yes' or 'no'. If yes please give details in Further Information se	ection belo	W	
	YES	NO	
Is the client likely to require medical attention on a regular or urgent			
basis?			
Has the client committed any acts of deliberate self-harm?  Has the client exhibited any physical aggression towards others?			

Page 2 of 3 Last Revised 02/12/2015

### Davigdor Lodge Rest Home

Has the client exhibited any physical aggression towards property?				
Has the client exhibited any verbal aggression or intimidating				
behaviour?				
Does the client have a history of arson?				
Has the client ever made threats to start fires?				
Through act or omission is the client likely to be a fire risk?				
Is the client vulnerable to sexual exploitation/abuse?				
Is the client vulnerable to financial exploitation/abuse?				
Does the client have a history of alcohol dependency or problems?				
Does the client have a history of drug dependency or problems?  Further Information				
Signature Date				

Please attach copies of most recent CPA report, risk assessment, care plan or clinical summary from the MDT.

Return to:

Rachel Verrell Registered Manager 56-58 Tisbury Road Hove East Sussex BN3 3BB Or

Email: manager@davigdorlodge.co.uk or Tel: 01273 726868

Page 3 of 3 Last Revised 02/12/2015