



REFERRAL CRITERIA FOR NEW SERVICE USERS

Please ensure that when you are referring a new service user to Comfort Care, you provide the following information as this helps us to facilitate your referral more effectively: -

COMPLETED REFFERAL FORM:

RISK ASSESMENT:

CARE PLAN:

NEEDS ASSESSMENT FORM:

BACKGROUND INFORMATION:

ASSESSED HOURS OF NEED:



SERVICE USER REFFERAL FORM

Service User name:

Date:

Care Manager:

Tel:

Referring Authority:

Email:

Details:	Description:
DOB:	
Current Address:	
Diagnosis:	
Current Medication:	
Signs of relapse:	
Level of SU's insight into illness:	
Physical disabilities:	
Other medical conditions/disorders:	
Self medicating or requires supervision:	
Benefits currently being received:	
Management of finances:	
Does SU require support in the following daily living skills areas:	
Sleeping pattern:	
Personal Hygiene/washing:	
Bathing/Showering:	
Presentation/appearance:	
Laundry:	
Ironing:	

Details:	Description
Cleaning and dusting own room:	
Any special dietary requirements:	
Planning a meal:	
Shopping (food/clothes):	
Cooking hot/cold:	
Storing food safely:	
Health & Safety awareness when indoors (gas/electrics/):	
Health & Safety awareness when outdoors (Road):	
Social Skills:	
Verbal communication skills:	
Written communication skills:	
Social behaviour:	
Alcohol consumption:	
Illegal use of Substances:	
Nicotine consumption:	
Any other addictions:	
Independent travel on public transport:	
Social activities/hobbies:	
Other:	
Any criminal convictions:	
Any likes:	
Any dislikes:	
Any family links:	
Risk to others (grade between 1 – 5, 1 being the lowest):	
Risk of self harm (grade between 1-5, 1 being the lowest):	
Future Plans:	
Religious /Cultural beliefs:	
Daytime structured activities:	