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| Derbyshire Community Health Services NHS Foundation Trust |  |

**ADULT NEURODEVELOPMENTAL SERVICES REFERRAL FORM**

**If you believe this referral to be complex, please contact triage prior to referral to discuss (contact details at the end of this form).**

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| **Name:** |
| **D.O.B.:** \_ \_ / \_ \_ / \_ \_ \_ \_ | **NHS No.** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| **Address:** |
| **Telephone number: Landline:** | **Mobile:** |
|  |
| **Gender identity:** | **Preferred pronouns:** |
| **Ethnicity / Culture:** | **Marital status:** |
| **Religion:** | **Preferred communication language:** |
|  |  |
| **Best method to contact you / the person:** |
| **Who to contact about this referral:** |
| **Professional support network** (e.g., Social Worker) |
| **Natural support network** (e.g., sister) |
| **Is the person aware of and / or given consent to this referral?**If not, why not (e.g., because they do not understand) | **Yes** | **No** |
|  |  |
| **If appropriate, has the main carer(s) been made aware of the referral?**If not, why not? | **Yes** | **No** |
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| **What are the main problems that you are / the person is experiencing?** |
| **What help is needed?** |
| **Are there any known risks?** |
| **Is there any other information that is relevant to this referral? E.g., reports and / or assessments, reasonable adjustments that have been tried (please enclose / describe).** |
|  |
| **Referrer name:** | **Relationship to person referred:** |
| **Referrer work or office address, and telephone number (unless family carer / family member at same address).** |
| **Date:** |

**Please return the completed referral form to the team covering the area the person lives in (please contact either of the teams for advice if you are unsure).**

**Referrals meetings are held every Wednesday. Referrals must be received by 12 noon on Monday to be discussed at the referral meeting that week.**

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| Bolsover, Derbyshire Dales (North), Chesterfield, High Peak, North East Derbyshire | Amber Valley, Erewash, Derbyshire Dales (South), Derby City, South Derbyshire |
| Adult Neurodevelopmental Services Referrals Team (North)Ash GreenAshgate RoadChesterfieldDerbyshireS42 7JE.Telephone: 01246 565000dchst.ldteamclerks@nhs.net | Adult Neurodevelopmental Services Referrals Team (South)RivermeadGoods RoadBelperDerbyshireDE56 1UUTel: 01773 882 501dhcft.ansadmin@nhs.net  |