

Case Number:

Partner Referral Form

The form is intended to build a picture on the personal circumstances of the client in order that a person centred package is considered for the personal circumstances of the client. *Where possible*, please be as specific as you can. The information will be used in strict confidence and for the purposes of the above project only.

For any clarification please contact Trading Standards on Telephone 01292 616060 or email: trading.standards@south-ayrshire.gov.uk

1	Client Name	
2	Client Date of Birth or Age	
3	Client Address and Post Code	
4	Client Telephone Number & Network	
5	Diagnosed Condition	
6	Level / Severity of diagnosed condition	
7	Does the client suffer from any other condition that would affect their diagnosis? If the answer is yes, please specify?	
8	Does the client have any physical Disability? If the answer is yes, please specify?	
9	Name of Assigned CSN / OT	
10	Contact Details of Assigned CSN / OT	
11	Client Relative or Carer contact details¹	
12	Does the client live at home or in sheltered accommodation? Please specify	
13	Has the client's home had a survey by OT or CPN?	
14	If answered Yes to Question 13, what were the recommendations?	

¹ Can the client be approached on their own? Do they have a social worker or a volunteer / support worker?

15	<i>Has the client been targeted by unsolicited mail including scam mail? ²</i>	
16	<i>Has the client been targeted by unsolicited phone calls including scams phone calls?³</i>	
17	<i>Has the client been targeted by unsolicited doorstep callers / rogue traders?⁴</i>	
18	<i>Has the client been the victim of financial harm?⁵</i>	
19	<i>Please add any relevant information to the assessment of the client.⁶</i>	

² If the answer is yes and the information is available please describe the length of time the client has been a victim, any suspected amount of money lost and whether anything has been put in place to prevent that from happening again.

³ If the answer is yes and the information is available, please describe the length of time the client has been a victim, any suspected amount of money lost and whether anything has been put in place to prevent that from happening again.

⁴ If the answer is yes and the information is available, please describe any incident you are aware of, any suspected amount of money lost and whether anything has been put in place to prevent that from happening again.

⁵ For example being financially exploited by friends or family members etc., (If the information is available please specify)

⁶ This is for any information that is not covered above e.g., concerns about home safety, food safety or anything affecting the person's quality of life.