



Expect Limited Day Centre Services- Service User Referral Form

Referral Guidelines

1. To refer a potential Service User, please complete this form and return it, to the **Bowersdale Resource Centre, Crescent Road, Seaforth, Liverpool L21 4LJ** or email to **Bowersdale.Enquiries@expect.org.UK**
2. If you take regular Medication, please complete the box on Page 2 or provide us with a copy of the medication list.
3. Once we receive this Referral Form, you will be invited in to the Centre to complete a Needs Assessment; this will allow us to develop your support requirements.

Service User Information

Name: _____ D.O.B: _____
Address: _____ Ethnicity: _____
_____ Post Code: _____
E-Mail Address: _____ Phone No: _____

Referral Information

Referrer Name & Organisation: _____
E-Mail Address: _____
Phone No: _____
Address: _____

Reason for Referral: (include details of the Applicants Mental Health Diagnosis and/or Learning disability)

Professional Contact Details

	Name	Address & Phone Number
Next of Kin:	_____	_____
General	_____	_____
Practitioner:	_____	_____
Community	_____	_____
Psychiatric Nurse:	_____	_____
Psychiatrist:	_____	_____
Social Worker:	_____	_____
Any Other	_____	_____
Professional:	_____	_____

Medication

Does the applicant require medication: Yes No

Is the applicant medication compliant: Yes No

Please list current medication (if applicable):

Any other significant information

Any knowledge of misuse of Drugs and/or Alcohol? Yes No

Details (if applicable):

Any knowledge of previous criminal convictions? Yes No

Details (if applicable):

Applicant's interests or hobbies: