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**Spinning World referral form**

**Information about the person you are referring to us:**

**To be filled out electronically**

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|  | **Consent to refer;** | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NHS No. | | | | | |  | | | - |  | | | - |  | | | |  |
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|  |  |  |  |  |  |  | Before making the referral please make sure you have: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |
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|  |  |  |  | • Met with the individual being referred to Spinning World ALW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Please tick | | | | | |  | |  |  |  |  |
|  |  |  |  | • Gained consent from the individual to refer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Please tick | | | | | |  | |  |  |  |  |
|  |  |  |  | • Consent for information to be stored on the secure PSS database | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Please tick | | | | | |  | |  |  |  |  |
|  |  |  |  | • Checked with the client which language they would like therapy in | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Please tick | | | | | |  | |  |  |  |  |
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|  | **Client’s details:** | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  | **Additional requirements:** | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Language spoken | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Title | | | Choose an item. | | | | | | | | Other: | | | |  | | | | | |  |  | (1= preferred language in therapy): | | | | | | | | | | | | | | | | | | | | | | |
|  | First Name | | | | | |  | | | | | | | | | | | | | | |  |  |  | 1st | | | Language | | | | | | | 2nd | | | Language | | | | | | | |  |
|  | Surname | | | | | |  | | | | | | | | | | | | | | |  |  |  | 3rd | | | Language | | | | | | | other | | |  | | | | | | | |  |
|  | DOB | | | | | | Enter Date of Birth | | | | | | | | | | | | | | |  |  |  | Is an interpreter required? | | | | | | | | | | | | | Please tick | | | | | |  | |  |
|  | Country of Origin | | | | | | | |  | | | | | | | | | | | | |  |  |  | Disability? | | | | | | | | | |  |  |  | Please tick | | | | | |  | |  |
|  | How does the child describe their | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | | | | | | | | | | | | | | | | | | |  |
|  | Gender | | | | | | Choose one please. | | | | | | | | |  | | | | | |  |  |  |  |
|  | How does the child describe their | | | | | | | | | | | | | | | | | | | | |  |  |  |  |
|  | Sexuality | | | | | | Choose one Please | | | | | | | | |  | | | | | |  |  |  |  |
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|  | **Clients contact details:** | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Address | | | | | |  | | | | | | | | | | | | | |  |  |  | Tel no | | | | | |  | | | | | | | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  | Mobile no | | | | | |  | | | | | | | | | | | | | |  |  |
|  |  | Postcode | | | | | |  | | |  |  | | |  |  |  |  |  |  |  |  |  |  | Email | | | | | |  | | | | | | | | | | | | | |  |  |
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|  | **RISK ASSESSMENT**  Are you aware of any risk to PSS Seedlings staff during visits to the home, i.e. domestic violence, antisocial behaviour, pets? If yes, please give details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Preferred Gender of Therapist | | | | | | | | | | | | | | Choose an item. | | | | | | | |  | Preferred Gender of Interpreter | | | | | | | | | | | | | | Choose an item. | | | | | | | |  |
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|  | Ethnicity | | | | | | | | Choose an item. | | | | | | | | | | | | | | |  | Other | | | | |  | | | | | | | | | | | | | | | |  |
|  | UK Status | | | | | | | | Choose an item. | | | | | | | | | | | | | | |  | Other | | | | |  | | | | | | | | | | | | | | | |  |
|  | Religious Beliefs | | | | | | | | Choose an item. | | | | | | | | | | | | | | |  | Other | | | | |  | | | | | | | | | | | | | | | |  |
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|  | **GP details:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | GP practice name | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | GP name | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Surgery address | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Phone no. | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **Reason for Referral:** | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Any additional information / other requirements**:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Are there any current identifiable risks (to self or others) | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **Professionals Involved** | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Currently accessing | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Historic access | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | What was the outcome | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **Referrer Details** | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Date Referred** | | | | | | | | | | Click here to enter a date. | | | | | | | | | | | |  |
|  | Name | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | From (Agency, ect) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Job Title | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Address with postcode | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  |  | **Send referral to: Fax 0151 702 5566 or e-mail** [**AshtonLeighWigan@pss.org.uk**](mailto:AshtonLeighWigan@pss.org.uk) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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