

Referral Form

Barnet Learning Disabilities Service

***Please tick a response**

Date of Referral: _____

Date received:

[Office use only]

Details of Person Referred

Name: NHS No: (please note this referral will not be accepted without this NHS number)	Date of Birth: Age:		
Address: Communication to be sent to if different from above:	Gender* <table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Male</td> <td style="width: 50%; text-align: center;">Female</td> </tr> </table>	Male	Female
Male	Female		

Lives in/with*

Residential Home	Family	Supported living	Lives Alone
Phone number/s: Email:		Please state level of support required: (e.g. 24hr, 4hrs, weekly, 1:1)	
Occupation:	Marital Status:	Dependants:	Other address(s) the person may reside at:

Referrer's Details

Name (Block capitals):	Relationship to person referred:	Phone number/s:	Email:
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Reason/s for Referral

(Please give details on a separate sheet if necessary)

THIS SECTION MUST BE COMPLETED IN DETAIL

Is the person aware of this referral?*	Yes	No (give reason)
How do you know the person has a learning disability? Diagnosis:		

Has the person had an Annual Health Check?		Yes (give date)		No (give reason)	
Physical health check Y N		Cancer screening Y N		Mental health check Y N	
Health Action Plan Y N					
Further outcomes:		Y N			
Is the person on medication/s? (If so, please specify which)					
Does this person have contact with their family? If so, please give details including contact details if not already stated					
Next of kin			GP		
Name:			Name:		
Address:			Address:		
Contact number/s:			Telephone:		
Email:			Fax:		
Relationship					
Ethnic Group*of person referred					
White:		British or Black British:		Mixed:	
British		Caribbean		White and Black Caribbean	
Irish		African		Whiter and Black African	
Any other White		Any other Black background		White and Asian	
				Any other mixed background	
Asian or Asian British:		Religion		Preferred Language	
Indian		Languages Spoken			
Pakistani		Interpreter Required?			
Bangladeshi					
Any other Asian background					
Is this person already known to the Barnet Learning Disabilities Services?*					
Nursing		Physiotherapy		Psychiatry	
				Speech & Language Therapy	
Social work		Psychology		Transition	
				Other	
Consent to share information					
The Learning Disabilities service works across health and social care and will share information about the person referred to help them get the right services. We need consent to do this. Please discuss with the person I am happy for my information to be shared between health and social services					
Signed:			Name in capitals:		
If the person referred is unable to consent to sharing information please let us know if this is the case and the reason:					

Thank you for completing the referral form. Please send to: **Barnet Learning Disabilities Service, Barnet House, 1255 High Road, London N20 0EJ**, by email to BLDSIntegratedDuty@barnet.gov.uk, or by secure email to

BLDS@barnet.gcsx.gov.uk and attach any documents/reports to help us understand the person's needs. Your referral will be discussed by the Team Leaders and you will hear from us within 10 working days.

Privacy Statement

Barnet Council has a duty to protect the public funds it administers and may use the information you have provided for the prevention and detection of crime. We may also share information with other council departments or external organisations in order to undertake our functions as a local authority. We will always comply with the requirements of the Data Protection Act 1998 and never give information about you to anyone else, or use information for another purpose unless the law allows us. If you want to know more about how your information is used visit www.barnet.gov.uk/privacy