Referral Enquiry Form

Cognithan

Service required ☐ Residential ☐ Supported Living ☐ Domiciliary Care

Professional Involved

☐ Social Worker ☐ CPN/Care Coordinator ☐ Other: _____

Referrals Details

First Name _____ Surname _____

Designation _____

Telephone Number _____ Email _____

Funding Authority _____ Email _____

Service Users Details

First Name _____ Surname _____

Date of birth _____ NHS Number _____

Gender ☐ Male ☐ Female

Diagnosis _____

Legal Status *(specify)* ☐ Informal ☐ DoLS ☐ MHA Section ☐ MoJ Restriction

Current placement or ward _____ Email _____

Address _____ Postcode _____ Telephone Number _____

Unit Preference _____ Special Request _____

Reasons for referral _____

Risk Factors
(Please tick all that apply)

☐ Violent Behaviour ☐ Absconding Behaviour ☐ Suicidal tendencies
☐ Forensic History ☐ Substance Misuse ☐ Self-Harm ☐ Arson
☐ Other: _____

Professional Involved

Consultant

Name | Organisation

Telephone Number | Email

Address

Social Worker

Name | Organisation

Telephone Number | Email

Address

CPN/Care Coordinator

Name | Organisation

Telephone Number | Email

Address

Other 1

Name | Organisation

Telephone Number | Email

Address

Other 2

Name | Organisation

Telephone Number | Email

Address

Please, consider that any relevant supporting documents will facilitate the referral process.

Thank you for your referral enquiry. We will get back to you within 24 hours with feedback.

For office use

Date referral received | Business Manager

Units to be considered | Assessment outcome

Please, email the completed referral enquiry form to referrals@cognithan.com
If you have any queries, please call our 24-hour referral line on 0203 581 5177