# **EXTERNAL REFERRAL FORM**

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| **Date of Referral** |  | **Refuge:** [ ]  **Outreach:** [ ]  |
| **Referrer (Name, Agency, Phone/Email)** |  |
| **Confirm consent for referral by client** |  |

**PLEASE BE AWARE THAT WE CANNOT ACCEPT REFERRALS WITHOUT CLIENT CONSENT**

|  |  |
| --- | --- |
| **Client Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Contact Number** |  |
| **Email Address** |  |
| **Ethnic Origin**  |  | **Translator Required?**  |  |
| **GP – Name, Practice, Tel No** |  |
| **Emergency Contact** |  |
| **IS IT SAFE TO CONTACT? Yes / No** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Child 1** | **Child 2** | **Child 3** | **Child 4** | **Child 5** |
|  |  |  |  |  |
| **Age & DOB** |  |  |  |  |  |
| **Nursery/School** |  |  |  |  |  |

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| **Reason for Referral:** |
| **Please detail any known risk factors:** |

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| **Is client receiving other support (outside of Women’s Aid)? Yes / No**If yes, pleased give details:  |

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| **Perpetrator Info** |
| **Criminal Proceedings:** |
| **Bail Conditions / Undertaking / Court Proceedings:** |
| **MARAC Referral Submitted** [ ]  **DAQ or DASH Score:** |

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| **Any other relevant information:** |

**\*\*\*\*\*\*PLEASE RETURN COMPLETED FORM TO** **group@ddwa.org.uk** **\*\*\*\*\*\***