



## Resolve Referral Form/Risk Assessment Form

1. Application stage - Applicant details			
Forename:		DOB	
Surname:		Tel:	
		Mobile:	
Sex/Gender:		Email	
Nationality		<b>Does the applicant consider him/herself to have a disability?</b>	
		Y	N
Address:		First Language	Interpreter required?
			Y    N <input type="checkbox"/> <input type="checkbox"/>
Post Code		<b>Details of any other communication needs.</b>	



<b>2. Referrer's Details</b>			
<b>Organisation/Agency</b>		<b>Tel :</b>	
<b>Name of person making referral</b>		<b>Mobile:</b>	
<b>Role</b>		<b>Email:</b>	
<b>Address</b>		<b>Fax:</b>	
<b>Post Code</b>			

3. Application stage	Please provide details		Name of Statutory Services
Drug/Alcohol use (past and current)		Name and Address of GP	
Physical Health Issues		Other Agencies	
Mental Health Issues		Other	
Debt/ Housing Issues		Other	
Criminal Convictions	<u>Dates</u>		<u>Convictions</u>
Dates/Convictions			



<b>4a. – Applicant areas of risk</b>					
<b>Risk to self</b>		<b>Risk to others</b>		<b>Risk from others</b>	
Mental health – current		Risk to child/ren		Physical abuse	
Mental health – risk of relapse		Harmful behavior		Sexual abuse	
Substance misuse - drugs		Physical abuse		Verbal abuse	
Substance misuse - alcohol		Sexual abuse		Financial abuse	
Medication misuse		Verbal abuse		Emotional abuse	
Self-harm		Abuse to staff		Institutional abuse	
Neglect		Emotional abuse		Discriminatory abuse	
Suicide		Self-neglect		Domestic violence	
Harmful behavior		Financial management		ASB/gang/criminal involvement	
Physical health		Violence/aggression		Relationships with others	
Management of accommodation		ASB/gang/criminal involvement			
Financial management		Mental health – risk to others		<b>History of aggression to staff/others</b>	
Social skills		Domestic violence			
Self-neglect		Relationships with others			
Relationships with others		Maintaining accommodation			



**4 b. Details of any identified risks.**

Risk Area		Details
1		
2		
3		
4		
5		
6		



Client Consent for Referral		
I consent to the details of this referral being sent to Resolve to support my recovery needs. I understand this information may need to be shared with other agencies and consent to Resolve holding my personal details as detailed within Resolve's privacy statement published here <a href="http://www.resolve-online.org/useful-information/">http://www.resolve-online.org/useful-information/</a>	<b>Print Name</b>	
	<b>Signature</b>	
	<b>Date</b>	
<b>Please send all referrals to:</b>  <b>Email:</b> <a href="mailto:info@resolve-online.org">info@resolve-online.org</a>  <b>Tel:</b> 01707 690 739  <b>Main Office Address:</b> Resolve The Old Post Office The Woodhall Community Centre Mill Green Road Welwyn Garden City Herts AL7 3XD  <a href="http://www.resolve-online.org">www.resolve-online.org</a>		Date Received
		Date of Assessment
		OFFICE USE ONLY