

**Which of the following AO criteria apply to this referral, please tick as appropriate:**

- |   |  |
|---|--|
| <input type="checkbox"/> High Use of inpatient admission            | <input type="checkbox"/> Requires intensive input and monitoring       |
| <input type="checkbox"/> Finds it difficult to engage with services | <input type="checkbox"/> Poor medication concordance                   |
| <input type="checkbox"/> Generally poor or unstable motivation      | <input type="checkbox"/> Difficulty in forming relationships           |
| <input type="checkbox"/> Regularly uses alcohol/ illicit substances | <input type="checkbox"/> Previous contact with Criminal Justice System |
| <input type="checkbox"/> Poor Family/ Social Support                | <input type="checkbox"/> Housing difficulties                          |
| <input type="checkbox"/> Unstable work or education history         |  |

**Details of Referrer:**

**Name:** \_\_\_\_\_ **Agency** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Date of Referral** \_\_\_\_\_

**Client Details:**

**Name:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Where Living at Present:** \_\_\_\_\_

**Tel No.** \_\_\_\_\_ **How long have they been living at this address?** \_\_\_\_\_

**G.P Details:** \_\_\_\_\_ **Years** \_\_\_\_\_ **Months** \_\_\_\_\_

**Diagnosis, Hospital Admissions & Dates:** \_\_\_\_\_

**Medication:** \_\_\_\_\_

**CPA Level/ Legal status, i.e. are they on section, voluntary patient, outpatient on leave, S117, supervision register etc:** \_\_\_\_\_

**Please provide details of any risk issues and service users strategies for managing risk. (This must be accompanied by risk assessments):**

## Norwich Assertive Outreach Services

Reason for referral – Present and Future Needs. Please include service users strengths:

Is this referral intended for a specific team? If so please indicate the reasons for this designation:

Is the client aware of this referral? If so, please provide a signature:

Please send referral to either team.

**The Active Outreach Team**  
**Julian Housing Support Trust Limited**  
**Janet Rowe House**  
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**Norwich**  
**NR3 3AE**

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Fax: 01603 219727

**The City Outreach Team Manager**  
**80 St Stephen's Road**  
**Norwich**  
**Norfolk**  
**NR1 3RE**

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# Norwich Assertive Outreach Services Equal Opportunities

## Ethnicity

For equal opportunities and service improvement purposes only, it would be helpful if you would give the following information:

To which of these groups do you consider you belong? (Please tick one only)

### White

- British   
Irish   
Any other white background

### Mixed

- White & Black Caribbean   
White & Asian   
White & Black African   
Any other mixed background

### Asian or Asian British

- Indian   
Bangladeshi   
Pakistani   
Any other asian background

### Black or Black British

- Caribbean   
Any other black background   
African

### Chinese or Other Ethnic

- Chinese   
Other

### Other Ethnic/Minority Group

- Gypsy   
Traveller   
Refugee   
Asylum Seeker   
Other.....

- Prefer not to say

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## Sexual Orientation

For monitoring purposes and to enable us to plan and deliver our services appropriately, it would be helpful if you could give us the following information:

What is your sexual orientation? (Please tick one only)

- Bisexual  Heterosexual/Straight   
Gay Man  Other   
Gay Woman/Lesbian  Prefer not to say