|  |
| --- |
| Send Form to: HSE Safeguarding and Protection Team Tyone Health Centre,Tyone, Nenagh, Co TipperaryEmail:safeguarding.cho3@hse.ie |

****referral Form for Community Based Referrals

Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures

*Referrer should take any immediate actions necessary as per policy in relation to seeking An Garda Siochana or medical assistance***.**

**Vulnerable Person’s Details:**

Name:DOB:

Address:

Marital Status:Contact Phone Number /Mobile:

**Does anyone live with client:** Yes **□** No If yes, who?­­: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical history and any communication support needs (as understood by referrer): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details of the person’s vulnerability (as understood by referrer):**

**Is client aware this referral is being made?** Yes **□** No

**Has client given consent?** Yes **□** No **□**

**Is there another nominated person they want us to contact, if so please give details?**

Name: Contact Details:

Relationship to vulnerable person:

**GP Contact Details:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary care team details i.e. social worker, PHN, etc.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any other key services/agencies involved with client (*Please include Name and Contact):***

***Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The information below is considered to be an allegation only. No finding has been made. The information is held solely for safeguarding purposes.*

**Details of allegation/ concern: Please tick as many as relevant:**

Physical abuse Financial/material abuse **□**

Psychological/Emotional abuse Neglect/acts of omission **□**

Sexual abuse **□**  Discriminatory abuse **□**

Extreme Self Neglect\* **□** Institutional abuse **□**

(extra sheet/report can be included if you wish)

*(\*If self-neglect is being referred please complete the attached presence of indicators of extreme self-neglect)*

**Details of concern:**

***Please read the following before completing the next section:*** *As a data processor, the referrer has a responsibility to ensure that only the details necessary for the referral are recorded on this form. Please consider if you believe it is necessary to name the person allegedly causing concern on this referral form at this time*

**Details of Person Allegedly Causing Concern (if applicable)**

Name: Relationship to vulnerable person:

Address:

**Details of person making referral:**

Name: Relationship to vulnerable person:

Address:

Is this person aware of this referral being made: Yes **□** No

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Presence of Indicators of Extreme Self-Neglect**

Client Name: DOB:

|  |  |  |  |
| --- | --- | --- | --- |
| **Area / Domain** | **Evidence of Severe / Serious Neglect**  | **Yes**  | **No** |
| **Personal Appearance**  | Matted, dirty hair |  |  |
| Long untrimmed dirty nails |  |  |
|  | Multiple or severe pressure ulcers |  |  |
|  | Other injuries |  |  |
|  | Very soiled clothing |  |  |
|  | Multiple insect infestation |  |  |
|  | Other: |  |  |
|  |  |  |  |
| **Functional Status** | Impaired cognition |  |  |
|  | Delusional state |  |  |
|  | Unable to call for help |  |  |
|  | Unable to respond to emergencies |  |  |
|  | Other: |  |  |
|  |  |  |  |
| **Medical Needs** | Untreated conditions |  |  |
|  | No documentation of health care provider |  |  |
|  | Appears ill or in pain |  |  |
|  | Complains of pain or discomfort |  |  |
|  | Other: |  |  |
|  |  |  |  |
| **Poorly Maintained Environment** | Severe structural damage e.g. leaking roof, broken walls |  |  |
|  | Dilapidated dwelling – broken / missing windows, doors |  |  |
|  | Human / animal waste indoors |  |  |
|  | Rotting food indoors |  |  |
|  | Pungent / unpleasant odour |  |  |
|  | Significant evidence of rubbish/litter indoors |  |  |
|  | Clutter – difficult to move around  |  |  |
|  | Multiple uncared for pets |  |  |
|  | Problems with electricity, water, telephone  |  |  |
|  | Other: |  |  |
|  |  |  |  |
| **Nutrition** | Significantly under- or overweight |  |  |
|  | Food storage, expiry dates and food preparation |  |  |
|  | Availability of food groups in diet |  |  |
|  |  |  |  |
| **Social** | Lack of use of social support networks |  |  |
|  | Social Disengagement |  |  |

 (Amended from Dyer et al. 2006)

Completed by: Date