**High Risk Referral Form**

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| **Name** **Fwi/MOSAIC No.** | **[Name of customer]****[Mosaic Number]** | **Date** | **[Date of referral]** |
| **Referrer****Title & Agency** | **[Name, Job Title, Agency & contact details ]** | **Allocated Worker** | [**Name, Job Title & Agency& contact details**  |
| **Name of supervisor** | **Name & contact details, email address** |  |  |
| **Circumstances leading to high Risk Alert** | **[Include who alerted you of the high risk factors i.e neighbours, GP, assessment, gas service, LFB, Housing, environmental health etc.]** |
| **Property Information** |
| **Address** | **[Full address including postcode]** |
| **Property Type & Tenure** | **[Conversions, floor level, lift availability, street property, garden etc. Tenancy type, leaseholder/freeholder etc]** |
| **Property Access/information** | **[Has access been granted to the property? Any restrictions? General Information of building]** |
| **Home Fire Safety Visit** | **[Has a Home Fire Safety Visit been undertaken? If so, what was the outcome?]**  |
| **Police Involvement** | **[Details of any convictions or cautions from the police]** |
| **Personal Information** |
| **Age:** | **Birth Date** | **Gender:** | **Male Female Other** |
| **Ethnic Origin**(please highlight or insert tick √) | **White** British Irish Turkish/Turkish Cypriot Other**Chinese or other ethnic group**Chinese Vietnamese Any other ethnic group   | **Mixed** White and Black Caribbean White and Black African White and Asian Other  **Black or Black British** CaribbeanAfrican Other | **Asian or Asian British** Indian PakistaniBangladeshi Tamil  **No information** |
| **Type of Risk**(please highlight all that apply) | Challenging behaviourComplex health issuesDiogenes syndrome Domestic abuseEnvironmental hazards | FinancialFire risks Hoarding/extreme clutterMental health issuesNon-engagement  | Self - NeglectService refusalsSubstance MisuseThreatened homelessnessOther |
| **Risk Factors** | **[Details of any disability/vulnerability & other risk issues – for internal use only. Sensitive data to be shared on a need to know basis]** |
| **Why is this Risk High** **Please explain/describe** | **Details** |
| **Other Care Advice** | **[Anything important pertaining to vulnerability, language or communication issues or care needs. Sensitive data to be shared on a need to know basis]**  |
| **Warnings** | **[Warning alerts i.e. threatening/abusive behaviour, do not visit alone etc]** |
| **Safety advice** | **[Safety advice e.g. risk of items collapsing/fire damage etc.]** |
| **Summary of Presenting Needs and concerns** | [**Details of current situation, presenting needs, mental capacity, any other concerns etc.]** |
| **What are the desired outcomes** | **[Details of the desired outcomes, what the expected/intended end result is etc]** |
| **What outcome does the Person at Risk want** | ***Have you discussed this with them, what do they think of their current situation?*** |
| **What Interventions have been tried** | **[What work has already been undertaken? What interventions have already been tried?]** |
| **Other Professional Involvement** | [**Details of all internal/external professionals involved**] |
| **Other Supporting Circumstances** | **[Urgent timeframes e.g. expiring legal notices/imminent eviction/damage to neighbouring property, returning home after hospitalisation etc.]** |

**Please return completed form to** **HighRiskPanel@camden.gov.uk**

*Please attach any additional information you think may be useful.*