**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**  Caribbean  African  Other | | | **Asian or Asian British**  Indian  Pakistani  Bangladeshi  Tamil    **No information** |
| **Type of Risk**  (please highlight  all that apply) | | Challenging behaviour  Complex health issues  Diogenes syndrome  Domestic abuse  Environmental hazards | Financial  Fire risks  Hoarding/extreme clutter  Mental health issues  Non-engagement | | | Self - Neglect  Service refusals  Substance Misuse  Threatened homelessness  Other |
| **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**](mailto:HighRiskPanel@camden.gov.uk)

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