

Return this form to: Medical Foundation North West, 1st Floor, North Square,
11-13 Spear Street, Manchester, M1 1JU

MEDICAL FOUNDATION REFERRAL FORM

Please note this form is not to be used for referrals for Medico-Legal Reports

Date of referral: _____

INFORMATION ABOUT THE CLIENT

Family name: _____ **Title:** _____

First name: _____ **Sex:** Male Female

Date of birth: (indicate if Unknown) _____ **Religion** _____

Place of birth: _____ **Nationality:** _____

Ethnic Origin _____

Need for interpreter: YES Language(s) _____
 NO - Client is happy for service to be in English

<p>Current address:</p> <p>Address _____</p> <p>_____</p> <p>Town: _____</p> <p>Post Code: _____</p> <p>Telephone: _____</p> <p>Mobile: _____</p> <p>Email: _____</p>
--

<p>Or, where should appointment be sent? (e.g. solicitor, by phone, etc.)</p> <p>Name _____</p> <p>Address: _____</p> <p>_____</p> <p>Town: _____</p> <p>Post Code: _____</p> <p>Telephone: _____</p> <p>Mobile: _____</p> <p>Email: _____</p>

INFORMATION ABOUT THE REFERRER

Name of Referrer: _____ Title: _____

Role: _____

Organisation: _____

Address: _____

_____ Post Code: _____

Telephone: _____ Fax: _____

Email: _____ Mobile: _____

Preferred means of communication: _____

CLIENT'S STATUS

Date of arrival in the UK: _____

Status (please tick boxes and provide as much detail as possible):

Seeking Asylum. What stage? _____

Granted Asylum. When? _____ How long for? _____

UK Citizen Other _____

Please provide details if specific circumstances and difficulties in relation to the Client's status:

<p>Legal Representative</p> <p>Name _____</p> <p>Firm: _____</p> <p>Address: _____</p> <p>_____</p> <p>Town: _____</p> <p>Post Code: _____</p> <p>Telephone: _____</p> <p>Mobile: _____</p> <p>Email: _____</p>
--

<p>GP</p> <p>Name _____</p> <p>Practice: _____</p> <p>Address: _____</p> <p>_____</p> <p>Town: _____</p> <p>Post Code: _____</p> <p>Telephone: _____</p> <p>Mobile: _____</p> <p>Email: _____</p>
--

CLIENT'S BACKGROUND AND HISTORY

Please provide details of client's life prior to arriving in the UK, including history of torture and persecution: (please provide as much details as you can about the nature of the torture, when it occurred, over how long a period. This information will help us process this referral quickly and appropriately)

CLIENT'S CURRENT DIFFICULTIES (please give as much detail as possible, this information may help us decide how we can best help the client)

- Psychological

- Physical

- Adjustment to life in the UK

- Social and welfare (e.g. finance/benefits, housing)

CLIENT'S FAMILY: (Please provide family details, specifying whereabouts of family members and nature of relationships with the client)

CLIENT'S SOCIAL NETWORKS: (Please provide details of client's social networks and activities (eg community, religious, educational, vocational) and the level of the client's engagement)

OTHER AGENCIES INVOLVED IN CLIENT'S CARE: (Please provide details of statutory or non-statutory organisations that the client is involved with e.g. Community Mental Health Team, Refugee Community Organisation):

Organisation: _____

Name of Designated worker: _____

Address: _____

Town: _____

Post Code: _____

Telephone: _____

Mobile: _____

Email: _____

Nature of involvement: _____

Organisation: _____

Name of Designated worker: _____

Address: _____

Town: _____

Post Code: _____

Telephone: _____

Mobile: _____

Email: _____

Nature of involvement: _____

Other Referrals: Has the client been referred elsewhere, if so, where?

What are the expectations from this referral? The referral is for work with:

- Adult** **Family** **Couple** **Child**

- In what ways would you expect the Medical Foundation to help the client?

- What are the Client's expectations?

- What is the level of Client's involvement in the referral?

- Please give details of others involved in the referral process (eg Interpreter, family members, friends, etc)

Any other information: Is there anything else you think we should know about the client?

Client's Signature: _____

Date: _____

Referrer's Signature: _____

Date: _____