



**Service users risk history including risk and engagement behaviour (Concordance/Ease/Difficulty of Engagement)**

**Previous engagement with services and response to treatment:**

**Previous Admissions: (including dates and lengths of stay)**

Type of Unit Requested: (Please tick relevant box below)							
Intensive Rehabilitation		Grove Avenue Moseley (Mixed)		Hertford House Olton (Male only)		Forward House Erdington (Mixed)	
Complex Care Unit		Ross House Northfield (Mixed)		David Bromley Knowle (Mixed)		Endeavour House Erdington (Male only)	
High Dependency		Dan Mooney Knowle (Mixed)		Endeavour Court Erdington (Male only)			

Please list below any professionals involved in the Service Users Care Pathway: i.e. Consultant, CPN, Social Worker			
Name	Designation	Address	Contact phone number

Other people involved in Service Users Care:	
Next of Kin:	Church Contact:
Carer:	Relevant Others:
Children:	Dentist:
Opticians:	

Assessments Completed: Please tick all that apply and date completed			
Assessment	Date Completed	Assessment	Date Completed
Occupational Therapist		Continuing Health Care	
Psychology		Residential Rehabilitation Engagement Scale	
NAIP's Resettlement Scale		Challenging behaviour Checklist	
Previous Inpatient History Date and Location		Individual Budget	
Any other Relevant assessments			

Referrers Details:			
Date:		Contact Address of Referrer:	
Name of Referrer:			
Current Community Team:			
Consultant Name:			
Date discussed with consultant:			
Contact Number of referrer			
Has referral been discussed in MDT? Yes/No Date please		Has referral been discussed with Service User? Yes/No Date please	
Has referral been discussed with Care? Yes/No Date please			