This information must accompany the referral form and will be kept PRIVATE AND CONFIDENTIAL.The person being referred must have given their consent for you to provide this information.

We have an essential duty of care to our staff member who makes the initial visit to the person being referred, our volunteers and potential social group members. This means that we need various assurances from you regarding them.

Please indicate Yes or No for all of the following (points 1-17) and provide a brief explanation.

General risk:

1. Assessment can be carried out at one of Archway’s social groups Yes  No  Click or tap here to enter text.

2. Assessment can be carried out at the person’s home Yes  No

Click or tap here to enter text.

3. Person being referred lives in shared accommodation Yes  No

Click or tap here to enter text.

4. Are there any animals on the premises? Yes  No

Click or tap here to enter text.

5. It would be helpful for me (the referrer) to be present at the assessment

Yes  No  Click or tap here to enter text.

6. There may be a risk to others or others in a social group Yes  No

Click or tap here to enter text.

7. Other/further comments Click or tap here to enter text.

**Person’s presenting issues** (bearing in mind that these may not necessarily pose a risk):

8. Alcohol/substance misuse Yes  No  Click or tap here to enter text.

9. Anger issues Yes  No  Click or tap here to enter text.

10. Anxiety Yes  No  Click or tap here to enter text.

11. Depression Yes  No  Click or tap here to enter text.

12. Suicidal thoughts/ideation Yes  No  Click or tap here to enter text.

13. Self Harm Yes  No  Click or tap here to enter text.

14. Eating Disorder Yes  No  Click or tap here to enter text.

15. Smoker / Vaper Yes  No  Click or tap here to enter text.

16. Enduring mental health conditions (e.g. Psychosis, schizophrenia, personality disorder)

Yes  No  Click or tap here to enter text.

Click or tap here to enter text.

17. Other issues Yes  No  Click or tap here to enter text.

Any other information you think we need to know:

Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text.

**Health Questions – If answering yes to the following items please provide further information**

Physical Disability/ Mobility Issues Yes  No

Click or tap here to enter text. Click or tap here to enter text.

Visual / Hearing Impairment Yes  No

Click or tap here to enter text. Click or tap here to enter text.

Serious Health Issues Yes  No

Click or tap here to enter text. Click or tap here to enter text.

Learning Difficulty Yes  No

Click or tap here to enter text. Click or tap here to enter text.

Neurodivergence Yes  No

Click or tap here to enter text.

Specific access Requirements (e.g. mobility scooter) Yes  No

Click or tap here to enter text. Click or tap here to enter text.

**Next Steps**

We will aim to contact you and the person you have referred within 14 working days of receipt of this referral to discuss it further with you both. Most staff work part-time and we are often very busy, so please be patient. If you are concerned that you have not heard after 14 working days, please email us: office@archwayfoundation.org.uk