# HIGHLAND ADULT CONCERN REFERRAL FORM

Adult’s Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Adult** |  | | **Date of Birth / Age** | | |  |
| **Home Address** |  | | | | | |
|  |  | | **Postcode** | |  | |
| **Telephone number(s)** |  | | | | | |
| **Current Address (if different)** |  | | | | | |
|  |  | | | | | |
| **Telephone number(s)** |  | | | | | |
| **Gender** |  | **Ethnicity** | |  | | |
| **Religion** |  | **First Language** | |  | | |
| **Preferred method of communication** |  | **Does the adult have** **any disability/mental disorder/medical condition** | | **YES/NO** | | |
| **If Yes, Please give details** |  | | | | | |

|  |
| --- |
| **Please describe the issues which concern you. Please include information about how long or how frequently this has been happening and the impact on the adult, if known.** |
|  |

**In your opinion, which of the following may apply (please tick any that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Mental Health Concerns** |  | **Learning Disability** |  |
| **Drug Consumption** |  | **Alcohol consumption** |  |
| **Visual Impairment** |  | **Hearing Impairment** |  |
| **Speech impairment** |  | **Physical Injury/Impairment** |  |
| **Isolation** |  | **Dementia** |  |
| **Suicidal ideas/attempts** |  | **Financial** |  |
| **Self Harm** |  | **Psychological Harm** |  |
| **Sexual Harm** |  | **Neglect** |  |
| **Other (please describe)** |  | | |

**Please answer the following questions by inserting your opinion and reasons for it**

|  |  |
| --- | --- |
| Is the adult able to safeguard their own well-being, property, rights or other interests? | **YES/NO** State reason: |
| Is the adult at risk of harm? | **YES/NO** State reason: |
| Is the adult affected by disability, mental disorder, illness or physical or mental infirmity? (i.e. they are more vulnerable to being harmed than adults who are not so affected) | **YES/NO** State reason: |

**In your opinion, which form of harm is the adult experiencing (please tick any that apply)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Physical** |  | **Financial** |  | **Exploitation** |  | **Self-harm** |  |
| **Emotional/**  **psychological** |  | **Sexual** |  | **Neglect** |  | **Self - neglect** |  |
| **Organisational** |  | **Other (please describe)** |  | | | | |

#### Consent to Share Information

|  |  |
| --- | --- |
| Has consent been given to share information? | If no state the reason why: |
| Has consent been given to share information with GP? | If no state the reason why: |

**Other Significant Person/s if known**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Gender** | **Address** | **Occupation** | **Relationship to Adult** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

#### Agency/Agencies Involved with the Adult

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency** |  | | |
| **Name of Agency Contact** |  | **Contact Telephone Number** |  |
| **Nature of Agency involvement** | | | |
|  | | | |

**Details of GP**

|  |  |  |  |
| --- | --- | --- | --- |
| **GP Name** |  | **Contact Telephone Number** |  |
| **GP Address** |  | | |
| **Health Issues or known medication** |  | | |

|  |  |
| --- | --- |
| **Does the adult live with or care for children under the age of 16?** |  |

**Person Submitting Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Date Submitted** |  |
| **Designation / Job Role *(if applicable)*** |  | | |
| **Address** |  | | |
| **Contact Telephone Number(s)** |  | | |
| **Email address** |  | | |
| **Does the adult know you have shared your concern?** | **YES/NO** | | |

**Please email the completed form to the adult’s local health and social care team – see next page**

**HIGHLAND ADULT SOCIAL CARE TEAM CONTACTS**

|  |  |  |
| --- | --- | --- |
| **Area / District** | **Email** | **Phone** |
| **North** |  |  |
| **Caithness** | [**nhsh.caithness-sw-duty@nhs.scot**](mailto:nhsh.caithness-sw-duty@nhs.scot) | **0345 850 9413** |
| **Sutherland** | **nhsh.sspoc@nhs.scot** | **01408 664018** |
|  |  |  |
| **West** |  |  |
| **Skye, Lochalsh & Wester Ross** | [**nhsh.singlepointofcontactSLWR@nhs.scot**](mailto:nhsh.singlepointofcontactSLWR@nhs.scot) | **01471 820174** |
| **Lochaber** | **nhsh.lochabersw@nhs.scot** | **01397 709832** |
|  |  |  |
| **Mid** |  |  |
| **Mid Ross** | [**nhsh.mrhscc@nhs.scot**](mailto:nhsh.mrhscc@nhs.scot) | **01349 860460** |
| **East Ross** | [**nhshighland.eric@nhs.scot**](mailto:nhshighland.eric@nhs.scot) | **01349 853131** |
|  |  |  |
| **South** |  |  |
| **Inverness East & West** | **nhsh.spoainvernesseastwest@nhs.scot** | **01463 888333** |
| **Nairn** | [**Nhsh.nairnsocialwork@nhs.scot**](mailto:Nhsh.nairnsocialwork@nhs.scot) | **01667 422702** |
| **Badenoch & Strathspey** | [**nhsh.bandsspoa@nhs.scot**](mailto:nhsh.bandsspoa@nhs.scot) | **01479 812618** |
|  |  |  |
| **Transitions Team** | [**nhsh.transitionsteam@nhs.scot**](mailto:nhsh.transitionsteam@nhs.scot)  ***(For under 25 year olds in Mid & East Ross, Inverness, Badenoch & Strathspey and Nairn)*** | **01463 644325** |

**Please note that if any of the details shown above should change after this document was produced, then the latest contact information for the Teams will be published on the**[**NHS Highland ASP web-page.**](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nhshighland.scot.nhs.uk%2Fyour-services%2Fall-services-a-z%2Fadult-support-and-protection%2F&data=05%7C01%7CPatrick.Osullivan%40nhs.scot%7Cc9024bd07081451cad3508db5acc8a27%7C10efe0bda0304bca809cb5e6745e499a%7C0%7C0%7C638203606770595581%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=GW3GpsxUvywEqaK4tPxerE%2BNv%2B5bjcgIbOKBXapXGUw%3D&reserved=0)

**Our web-page can also be accessed using nhsh.scot/ASP**.