

**ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000
REFERRAL TO MHO SERVICE**

(TO BE COMPLETED BY SOCIAL WORKER/ SOCIAL WORK ASSISTANT PRACTITIONER)

Client Forename	Client Surname

Date of Birth	CF NUMBER	CHI NUMBER

Home Address:
Current Address (if different from above):

Is the Adult's hospital discharge delayed? (please give details)

Medical/Mental Health Diagnosis:	
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Does the Adult have a Consultant Psychiatrist? YES / NO	Name:

Decision Making Ability
What decisions can the Adult make autonomously? (please give details)
What decisions can the Adult make with support? (please give details)
In what areas does the Adult require substitute decision making? (please give details)

What is the referral for?	
AWI Case Conference (please X or write yes)	
ASP Case Conference (please X or write yes)	

What interventions are being considered under The Adults with Incapacity (Scotland) Act 2000?	
New LA Welfare Guardianship application (please X or write yes)	
New LA Welfare & Financial Guardianship application (please X or write yes)	
Intervention Order (please X or write yes) (eg end tenancy, sign tenancy, investigate financial affairs) please give details:	

Renewal LA Welfare Guardianship order (please X or write yes)	
Renewal of Private Guardianship order (please X or write yes)	
Date current order expires:	

Has a Private Guardianship application been discussed with the family?
Outcome of discussion:
Is the family aware of decision to make a LA application, and the date of AWI case conference?

Views of the Adult

Views of the Family/Nearest Relative/Significant Others

Views of Relevant Others (e.g care team)

Reasons for Referral (brief background and current circumstances)

Assessment of Risk
High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/>
Please record below risks which cannot be managed without the proposed intervention being considered:

Proposed date for AWI Case Conference Please give 14 days' notice (Please ensure Chairperson is available for proposed meeting date)

Proposed date for ASP Case Conference:	
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Referred by (name, address AND email address):	Date:

PLEASE RETURN THIS FORM BY EMAIL TO THE FOLLOWING:

HSCMHO.Managers@highland.gov.uk legal.hq@highland.gov.uk

