



WISER Referral Form

Client details:	
Name:	Date of birth
Address:	
	Sex : F
Telephone:	
Is client known to the Learning Disability Service Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
Is the client currently in an abusive relationship Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
Does the client know why they have been referred to the project?	

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Which of the following areas does the client struggle with

Healthy Relationships Grooming and online safety

Domestic Abuse Financial Abuse

Self Care and Esteem Consent and Boundaries

Does the client:	YES	NO	UNKNOWN
Display behaviours which challenge services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have any mental health issues/personality disorders ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have any significant medical issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a history or drug or alcohol addiction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a DASH form been completed with the client?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is client known to any specialist Domestic Abuse services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will the client have any barriers to attendance? (childcare, upcoming court hearings etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If 'yes' to any above please give details below			

Brief description of clients background.

Does the client have any children? Yes No Unknown

Are the local authority involved? Yes No Unknown

If 'yes', please state the stage of process:

Please provide name and contact details of allocated social worker or family support worker?

Child in need Child Protection Care Proceedings Other

Please give details

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Please give any information regarding the safety of the client. For example, does the perpetrator pose a risk to the client at this present time? Is it safe to see the client 1-2-1.

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Referrers details

Name

Address

Telephone number

Email address

Agency

Date of referral

Date received

The information is correct and complete to the best of my knowledge and belief. I understand that Plymouth Highbury Trust and its employees cannot be held liable or responsible for any information knowingly withheld from them in respect of this client

Name

Position



Plymouth
Highbury
Trust

Please return to:

WISER

Plymouth Highbury Trust

207 Outland Road

Plymouth

PL2 3PF

07736 150 753 / 07521 345 764

Email: Abi.Dart@plymouthhighburytrust.org.uk

Charity number 252156-1

Company number 05554535