



Consent

Before you complete this form please answer the following questions

If you answered NO to either of these questions, please send in a Mental Capacity Assessment OR evidence that another person has a Lasting Power of Attorney for making Welfare decisions. Without these Social Services will not be able to process the referral.

1. Does the person have capacity to consent to sharing information? Yes / No

2. Has the person consented to a referral for an Adult Social Care Assessment?
Yes / No

Details of person completing the form

Name	
Role	
Address	
Organisation (if any)	
Telephone Number	
Email Address	
Date of Referral	



Referral for Social Care Assessment

Details of Person Requiring Social Care Support

Name:			
Marital Status	Mr/Mrs/Ms/Miss/Dr/Other		
Gender:		Date of Birth or Age:	
Current Address and Post Code:			
Permanent Address if Different to the Above:			
Home Telephone:		Mobile Number:	
Religion		Preferred Language	
Ethnicity:		Are they in receipt of any services?	
Accommodation Type		Tenure	
Lives Alone	YES	NO	



Nearest Relative

Name:			
Marital Status	Mr/Mrs/Ms/Miss/Dr/Other		
Current Address and Post Code:			
Home Telephone:		Mobile Number:	
Relationship to person:			

NEXT OF KIN (If Different)

Name			
Marital Status	Mr/Mrs/Ms/Miss/Dr/Other		
Address Inc Postcode			
Home Telephone		Mobile Number:	

GP Name and Address

Name of GP			
Practice Address			
Practice Telephone No:		Mobile Number:	



Email Address	
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Does the person have any Disability or Specific Need (If Known)

Learning Disability		Mental Health	
Mobility problems		Personal Care	
Dual Impairment		Hearing Impairment	
Visual Impairment		Frailty	
Substance Misuse		Memory Problems	
Asylum Seeker Support		Support for Social Isolation	
Support to Carer		Requires Support	
Socially Isolated		Debts/Benefits/Money Advice	
Does the adult have any communication needs – BSL etc.			

Other professionals currently involved

Name			
Role			
Organisation			
Tel No:		Email Address	

Name			
Role			



BARNSLEY
Metropolitan Borough Council

Referral for Social Care Assessment

Organisation			
Tel No:		Email Address	

REASON FOR ASSESSMENT

In your own words, describe the reason for this assessment. Answering the following questions may be helpful. What are your current needs? How long have you experienced them? What solutions do you have in mind? What do you hope will change as a result of this assessment?