

## **BIAN - Referral Form**

### **Steps for Referral**

- 1** Obtain service user's agreement (Interagency Consent for Release of Information form completed and signed and sent with referral form)
- 2** Make telephone call to receiving agency to agree appointment details
- 3** Fill out and send form directly to the individual who took the appointment
- 4** For services with walk-in facilities where an appointment is not required, give the service user the contact details of the service i.e. the contact telephone number, the address and the opening times of the service and forward as above.

### **Checklist**

- Interagency Consent for Release of Information Form signed and attached
- Assessment Completed
- Confidentiality Statement Signed

## Referral Form

### Service User Details

Service User Name:	
D.O.B.	
Address:	

Can the service user be contacted by post at this address?    **Yes**     **No**

Service User's phone numbers:

Home:	
Mobile:	

Can the service user be contacted at these numbers?

Home            **Yes**     **No**   
Mobile          **Yes**     **No**

Agency:	
Referral from:	
Referral Date:	
Referral To:	
Reasons For Referral:	

The initial appointment is for (please tick):

Interagency meeting              
One-to-one with service user     
Other (please state):             \_\_\_\_\_

Confirmed:

<b>Date :</b>	
<b>Time:</b>	
<b>Location:</b>	
Signature of referring agency staff:	