

Adult Social Care online referral form

Good & Bad Examples guidance

The online form is for providers and professionals to make Adult Social Care referrals. Links and more information about adult safeguarding can be found at: <https://www.coventry.gov.uk/safeguardingadults>

For Concerns about a child see: <https://www.coventry.gov.uk/safeguardingchildren>

Note: The online form will look different to the template below. This guidance document is based on the submitted receipt form.

Good Example - AADS:

Adult Social Care Form	
Guidance: This section is automatically populated	
Reference	00001
Type of referral:	Person with care and support needs
Completed by:	Firstname Lastname
Date of referral:	01/04/2021 13:00

Referrer details	
Name	Firstname Lastname Guidance: This is the person completing the referral and their details.
Organisation	Medical Centre Guidance: If Practice name does not appear in the drop down list, select 'Other' and free type
Address (if given)	123 Street Name, Coventry, CV1 1AA Guidance: Use the post code search to locate the address.
Role with organisation	Safeguarding Lead
Phone	02476 123456
Email	Medical.centre@nhs.net
Preferred contact method	Email Guidance: select one from Phone/Email
Relationship/involvement with the person being referred	Safeguarding Lead, completed on behalf of Dr XX Guidance: Make clear here if NSP and raising on behalf of another GP.
Does the referrer wish to be provided with feedback	Yes Guidance: Can also select to receive an email response receipt and reference number upon submitting a form. ASC response time likely to be same day – expect safety check to be completed within 48hrs.

Persons details	
Name	John Smith

	Guidance: Please ensure correct spellings/alternative names used
Address (if given)	123 House Street Road, Coventry, CV1 5TU Guidance: This is where the adult usually lives. Use the post code search to locate the address.
Phone (if given)	077123 456789
Email (if given)	
DOB	01/04/1971 (50yrs) Guidance: If date of birth unknown, complete as an approximate age.
Person already known to Coventry City Council adult social care services	Unknown Guidance: select from Yes/No/Unknown. If select 'Yes' 'Persons details cont' section is not required and does not appear onscreen.
Has the person given consent to their information being shared	Yes Guidance: Select Yes/No. It's important the person is aware and is agreeable to the safeguarding referral being made. Where they have declined, but others may be at risk, or a public interest, then a referral should still be made. When 'No' is selected a reason needs to be given for overriding their consent.

Persons details cont	
Gender	Male
Ethnicity	White British
Language	English
Is an interpreter needed	No
NHS Number	000 000 000
GP Name	Dr Xx
GP Surgery - Address	Medical Centre - 123 Street Name, Coventry, CV1 1AA Guidance: Select from the dropdown list, address will automatically populate.
GP Phone	02476 123456
Any special access arrangement we need to know about	Has been assessed for a walking. Declines use of any aids.
Any difficulties with communication	Struggles to communicate via phone because of speech impairment
Any other communication needs, disabilities, diagnosis, medical conditions or impairments	Severe Rheumatoid Arthritis, Diabetic, Alcohol Dependent, High Blood pressure. Current administered insulin injections by District nursing team. Vitamin B complex, Thiamin, Ramapril prescribed. Cracked ribs, left side, following a fall. Doubly incontinent. Guidance: Include all medical conditions and/or impairments and if known state how they might be impacting on the person's ability to meet their own care and support needs.

Referral details

Related to safeguarding – type of abuse	<p>Yes – Self Neglect</p> <p>Guidance: by selecting 'Yes' a tick box list of types of abuse appears. If you are raising a care concern/request for care select 'No' and the next relevant section will appear.</p>
Further safeguarding details (if applicable)	<p>Non engagement with medical services and not able to complete all activities of daily living (ADL's).</p> <p>Guidance: State what are main concerns. Provide more detail in "Reason and details referral is being made".</p>
Are there any risk or safety issues associated in working with this person?	<p>No, this patient lives alone.</p>
Relevant friends or family (if entered)	<p>Guidance: Need the persons name & relationship to the adult, & if possible phone and/or email</p>
Reason and details referral is being made	<p>This patient was seen during a home visit requested by the District Nurse (DN) team following non engagement with visiting nurses. This patient is Diabetic and is receiving insulin injections twice daily by the District Nursing team. The patient is refusing access to DN's. This patient is Alcohol Dependent and drinks on average 1 litre vodka daily.</p> <p>Mental capacity assessment undertaken due to lack of engagement with medical intervention. Deemed to have capacity, said to lack motivation</p> <p>Property is dirty, with rubbish and empty bottles. Take away containers, mouldy food in fridge.</p> <p>Patient is well known to the surgery and is not engaging with the medical support in place.</p> <p>As patient lives alone and has previously fallen there is the risk of further injury. No family/friend support in place. Partner passed away in the last year and provided support with daily needs.</p> <p>Guidance: Include how and when did the concern come to light? What happened? Where did the alleged harm take place? How severe is the alleged harm/potential harm? What impact has it had on the Adult? Are there any injuries? Is the harm likely to continue/recur? Details of any injuries.</p>
Any current support arrangements (formal or informal)	<p>DN visiting daily</p>

Good Example - OP:

Adult Social Care Form	
Reference	00002 <i>Guidance: This section is automatically populated</i>
Type of referral:	Person with care and support needs
Completed by:	Firstname Lastname
Date of referral:	02/04/2021 14:00

Referrer details	
Name	Firstname Lastname <i>Guidance: This is the person completing the referral and their details.</i>
Organisation	Medical Centre <i>Guidance: If Practice name does not appear in the drop down list, select 'Other' and free type</i>
Address (if given)	123 Street Name, Coventry, CV1 1AA <i>Guidance: Use the post code search to locate the address.</i>
Role with organisation	GP
Phone	02476 123456
Email	Medical.centre@nhs.net
Preferred contact method	Email <i>Guidance: select one from Phone/Email</i>
Relationship/involvement with the person being referred	GP <i>Guidance: Make clear here if NSP and raising on behalf of another GP.</i>
Does the referrer wish to be provided with feedback	Yes <i>Guidance: Can also select to receive an email response receipt and reference number upon submitting a form. ASC response time likely to be same day – expect safety check to be completed within 48hrs.</i>

Persons details	
Name	Jane Smith <i>Guidance: Please ensure correct spellings/alternative names used</i>
Address (if given)	123 House Street Road, Coventry, CV1 5TU <i>Guidance: This is where the adult usually lives. Use the post code search to locate the address.</i>
Phone (if given)	077123 456789
Email (if given)	
DOB	01/04/1931 (89yrs) <i>Guidance: If date of birth unknown, complete as an approximate age.</i>
Person already known to Coventry City Council adult social care services	Unknown

	Guidance: select from Yes/No/Unknown. If select 'Yes' 'Persons details cont' section is not required and does not appear onscreen.
Has the person given consent to their information being shared	Yes Guidance: Select Yes/No. It's important the person is aware and is agreeable to the safeguarding referral being made. Where they have declined, but others may be at risk, or a public interest, then a referral should still be made. When 'No' is selected a reason needs to be given for overriding their consent.

Persons details cont	
Gender	Female
Ethnicity	White British
Language	English
Is an interpreter needed	No
NHS Number	000 000 000
GP Name	Dr XX
GP Surgery - Address	Medical Centre - 123 Street Name, Coventry, CV1 1AA Guidance: Select from the dropdown list, address will automatically populate.
GP Phone	02476 123456
Any special access arrangement we need to know about	
Any difficulties with communication	Hearing - Struggles to hear on the phone
Any other communication needs, disabilities, diagnosis, medical conditions or impairments	Suspected dementia, dry macular degeneration Guidance: Include all medical conditions and/or impairments and if known state how they might be impacting on the person's ability to meet their own care and support needs.

Referral details	
Related to safeguarding – type of abuse	Yes – Self Neglect Guidance: by selecting 'Yes' a tick box list of types of abuse appears. If you are raising a care concern/request select 'No' and the next relevant section will appear.
Further safeguarding details (if applicable)	Memory has deteriorated over the last year and she now meets the criteria for dementia. Not taking glaucoma eye drops as she had forgotten that she was supposed to. Increasingly knocking on her neighbours door for help when she loses things or needs to use the phone.

	<p>Guidance: State what are main concerns. Provide more detail in "Reason and details referral is being made".</p>
Are there any risk or safety issues associated in working with this person?	No, this patient lives alone.
Relevant friends or family (if entered)	<p>Guidance: Need the persons name & relationship to the adult, & if possible phone and/or email</p>
Reason and details referral is being made	<p>Jane is 89 year old with dementia who lives alone.</p> <p>She was previously seen with cognitive memory impairment but her memory has deteriorated over the last year and she now meets the criteria for dementia. I am involved in the dementia diagnosis service in general practice.</p> <p>She is very reliant on her neighbours as she lives alone and has no family. She has been offered befrienders in the past but declined this.</p> <p>In recent weeks things are becoming very difficult for Jane and she is increasingly knocking on her neighbours door for help when she loses things or needs to use the phone.</p> <p>I am struggling to access appropriate support for her and she is declining in health such that it is not really safe and she tells me she is happy for help.</p> <p>She no longer takes her glaucoma eye drops as she had forgotten that she was supposed to.</p> <p>I feel she needs urgent support from the memory team to ensure things are safe. I am awaiting a call back from a consultant regarding medication.</p> <p>She is a little deaf on the phone but is happy to arrange appointments with me at the surgery and I am next due to see her next week She has also been referred urgently to the Arden Memory Services.</p> <p>Guidance: Include how and when did the concern come to light? What happened? Where did the alleged harm take place? How severe is the alleged harm/potential harm? What impact has it had on the Adult? Are there any injuries? Is the harm likely to continue/recur? Details of any injuries.</p>
Any current support arrangements (formal or informal)	Referred to social prescriber

Bad Example - OP:

Adult Social Care Form	
Reference	00002 <i>Guidance: This section is automatically populated</i>
Type of referral:	Person with care and support needs
Completed by:	F. Lastname
Date of referral:	02/04/2021 14:00

Referrer details	
Name	F. Lastname [full name not given] <i>Guidance: This is the person completing the referral and their details.</i>
Organisation	Medical Centre <i>Guidance: If Practice name does not appear in the drop down list, select 'Other' and free type</i>
Address (if given)	123 Street Name, Coventry, CV1 1AA <i>Guidance: Use the post code search to locate the address.</i>
Role with organisation	GP
Phone	02476 123456
Email	Medical.centre@nhs.net
Preferred contact method	Email <i>Guidance: select one from Phone/Email</i>
Relationship/involvement with the person being referred	GP <i>Guidance: Make clear here if NSP and raising on behalf of another GP.</i>
Does the referrer wish to be provided with feedback	Yes <i>Guidance: Can also select to receive an email response receipt and reference number upon submitting a form. ASC response time likely to be same day – expect safety check to be completed within 48hrs.</i>

Persons details	
Name	Jenny Bloggs <i>Guidance: Please ensure correct spellings/alternative names used</i>
Address (if given)	123 House Street Road, Coventry, CV1 5TU <i>Guidance: This is where the adult usually lives. Use the post code search to locate the address.</i>
Phone (if given)	077123 456789
Email (if given)	
DOB	01/12/1928 (92yrs) <i>Guidance: If date of birth unknown, complete as an approximate age.</i>
Person already known to Coventry City Council adult social care services	Yes

	Guidance: select from Yes/No/Unknown. If select 'Yes' 'Persons details cont' section is not required and does not appear onscreen.
Has the person given consent to their information being shared	Yes Guidance: Select Yes/No. It's important the person is aware and is agreeable to the safeguarding referral being made. Where they have declined, but others may be at risk, or a public interest, then a referral should still be made. When 'No' is selected a reason needs to be given for overriding their consent.

Informal carers	
Yes	[Selected 'Yes' but no names given]

Persons details cont	
Guidance: selected Yes in 'Person already known to Coventry City Council adult social care services', so section was not required and does not appear onscreen.	

Referral details	
Related to safeguarding – type of abuse	Yes – Neglect or acts of omission Guidance: by selecting 'Yes' a tick box list of types of abuse appears. If you are raising a care concern/request select 'No' and the next relevant section will appear.
Further safeguarding details (if applicable)	Care navigator had safeguarding concerns following last OT visit, need to check is appropriate measures have been taken for safety from falls. [Is not clear what the safeguarding concerns are e.g unsafe environment, not using aids/following advice, frequency of falls, something or someone else that is happening in the home] Guidance: State what are main concerns. Provide more detail in "Reason and details referral is being made".
Are there any risk or safety issues associated in working with this person?	No
Relevant friends or family (if entered)	Guidance: Need the persons name & relationship to the adult, & if possible phone and/or email
Reason and details referral is being made	Needs follow up of OT. Care navigator had safeguarding concerns following last OT visit, need to check if appropriate measures have been taken for safety from falls. [Not enough information given. Needs more detail and information about what the concerns are, any

	<p>harm that occurred, severity and impact, past instances/likelihood of reoccurrence]</p> <p>Guidance: Include how and when did the concern come to light? What happened? Where did the alleged harm take place? How severe is the alleged harm/potential harm? What impact has it had on the Adult? Are there any injuries? Is the harm likely to continue/recur? Details of any injuries.</p>
Any current support arrangements (formal or informal)	<p>Has had input from Falls Service.</p> <p>[Helpful to have included dates and any advice that was given]</p>