

## Referral form for specialist learning disabilities placement

Name of Individual: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address of current placement: \_\_\_\_\_

Current placement telephone: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Nearest relative: \_\_\_\_\_ Telephone: \_\_\_\_\_

Clear, proven diagnosis of Learning Disability? Yes  No

IQ score (if known): \_\_\_\_\_

Is individual detained under Mental Health Act? Yes  No  If Yes Section No: \_\_\_\_\_

Referrer's name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Referrer's email: \_\_\_\_\_

Status of referrer: \_\_\_\_\_

Funding authority: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific expected outcomes (clinical and social): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Intended placement requirement

Low secure services  Locked rehabilitation services  Specialist residential services   
Supported living placement  Day opportunities

### Important notes:

1. If CPA, Tribunal or previous clerking admission documents are available, please fax them to our MDT Team on **01782 200 888** or alternatively by email to [referrals@cambiagroup.com](mailto:referrals@cambiagroup.com)
2. We are unable to accept individuals who require specialist maternity facilities or active detoxification for substance misuse.

**This referral form needs to be filled in and agreed by a healthcare professional only.**

**Thank you, we will contact you shortly.**

For office purposes only:

Cambian CM: \_\_\_\_\_

Cambian Unit: \_\_\_\_\_