

# PCAS

## Shropshire Peer Counselling & Advocacy Service

PCAS, Suite 2, Old Station Building, Oswald Road, Oswestry. Shropshire. SY11 1RE  
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Client No:

### CLIENT REFERRAL SHEET

Title	First Name	Surname	DOB	Age
Address		Postcode:		
Home Tel No:		Mobile No:	Date Referred:	
Clients Disability (tick all that apply)	Physical	<input type="checkbox"/>	Sensory	<input type="checkbox"/>
	Acq Brain Inj	<input type="checkbox"/>	Over 65	<input type="checkbox"/>
			M/H	<input type="checkbox"/>
			M/S	<input type="checkbox"/>
			L/D	<input type="checkbox"/>
			Other	<input type="checkbox"/>
Issues	Adaptations / Equipment	<input type="checkbox"/>	Child protection	<input type="checkbox"/>
	Consumer goods/services	<input type="checkbox"/>	Correspondence	<input type="checkbox"/>
	Financial services & Capability	<input type="checkbox"/>	Housing	<input type="checkbox"/>
	Residential nursing home	<input type="checkbox"/>	Meetings	<input type="checkbox"/>
	Relationships & family	<input type="checkbox"/>	Social Care	<input type="checkbox"/>
			Debt	<input type="checkbox"/>
		Discrimination	<input type="checkbox"/>	
		Legal	<input type="checkbox"/>	
		Mental Health	<input type="checkbox"/>	
		Safeguarding	<input type="checkbox"/>	
Is this referral for Non - Instructed Advocacy help? Yes <input type="checkbox"/> No <input type="checkbox"/>				
How can we help?				



Registered Charity Number 1187362



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<b>When do you need this help? (are there any deadlines or important meeting dates?)</b>					
Details please:					
Name of Referrer			Work Telephone:		Mobile No:
Your Job Title			Email:		
Organisation	Social Services Health	<input type="checkbox"/>	Medical Family	<input type="checkbox"/>	Carer Other
		<input type="checkbox"/>		<input type="checkbox"/>	Self <input type="checkbox"/>
Is there any known risk to any of our workers? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Details:					
Priority Need:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	(for office use only)

<b>CONSENT TO REFERRAL</b>	
<p><b>We need signatures to show that people understand and agree to this referral. Also that you agree to PCAS holding personal information about you.</b></p> <p><b>If the person being referred is not able to understand these things, the referrer must sign to say that they are providing this information in the person's best interests.</b></p>	
<p><b>Consent from the person being referred (leave blank if the person does not understand)</b></p> <p>You will be required to give consent about the information we hold about you on our first meeting with you via our consent form before we can act on this referral. Should you NOT give signed consent, we will be unable to work with you.</p>	
Signed	Date
<p><b>Consent from the referrer (leave blank if self referral)</b></p> <p>I would like PCAS to do this work. They can keep and put on file information about me. This information is to be kept confidential unless I agree for it to be shared.</p> <p>If the client has not signed above, I am providing this information in the person's best interests and agree that they are aware of this referral and have consented to information about them being stored by PCAS.</p>	
Signed	Date



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