

## Skills & Activities Centre referral form

<b>Name (in full):</b>		<b>SSRef:</b>	
<b>Preferred Name:</b>		<b>D.O. B.</b>	
<b>Address:</b>		<b>Tel. No.</b>	
<b>Post Code:</b>		<b>Mobile No:</b>	
<b>Do you live in your own home?</b>		<b>yes</b> <input type="checkbox"/>	<b>no</b> <input type="checkbox"/>
This does include rented accommodation			
<b>Are there any access difficulties into your home:</b>		<b>yes</b> <input type="checkbox"/>	<b>no</b> <input type="checkbox"/>
If yes, please state:			
<b>Do you require Centre 81 transport to and from the Centre? Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>			
<b>Emergency contact details:</b>			
<b>Name:</b>			
<b>Tel. No.</b>			
<b>Address for emergency contact:</b>	As stated above <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> If no, please give full address.		
<b>Relationship of emergency contact:</b>	Spouse <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Friend <input type="checkbox"/> Other* .....		
<b>Is the above person the main carer? Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>			
If no, please state the details for your Carer:			

Has the carer had access to a Carer's assessment? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>					
Is attendance at the Centre 81 part of the Carer's respite package? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>					
<b>Please tell us the name or surgery of your Doctor</b>					
<b>Name:</b>					
<b>Surgery address</b>					
<b>Post code:</b>					
<b>Tel. No.</b>					
	<p><b>Do you have ReSPECT ( Recommended Summary Plan for Emergency Care &amp; Treatment) Form in place?</b></p> <p>If yes, can we have a copy for our records. <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p>				
<b>To help us ensure your safety at Centre 81 it would be helpful to know if you have been vaccinated against Covid. Please tick ✓ the appropriate box below:</b>					
One Vaccine	<input type="checkbox"/>	Two Vaccines	<input type="checkbox"/>	None	<input type="checkbox"/>
<b>Ethnic Group (tick one box)</b>					
<b>White</b>	<input type="checkbox"/>	<b>Black or Black British</b>	<input type="checkbox"/>	<b>Mixed</b>	<input type="checkbox"/>
<b>Chinese</b>	<input type="checkbox"/>	<b>Asian or Asian British</b>	<input type="checkbox"/>	<b>Other Ethnic Group</b>	<input type="checkbox"/>
<b>Background information: Please tell us a little about yourself. This should include the nature of your disability and at what age it occurred or was first diagnosed.</b>					

**How does your disability impact on your life? I.e., what things do you find difficult?**

**What do you find of interest and enjoy?**

**Any specific skills you wish to develop – please state.**

**Any specific goals/outcomes that you would like to achieve.**

**What aids or adaptations will you be bringing with you to Centre 81 that will allow you to participate in the variety of activities?**

Electric wheelchair  Manual Wheelchair  Zimmer Frame   
Walking Stick  Special seating  Voice synthesizer:   
Other – please specify?

**Will you require the following assistance whilst at Centre 81?**

Assistance to transfer from wheelchair to chair. Yes  No

Assistance to transfer from wheelchair to toilet Yes  No

Assistance with toileting Yes  No

assistance with bathing Yes  No

Showering Yes  No

Dressing Yes  No

Assistance to cut your meals up Yes  No

Assistance to eat Yes  No

Assistance to drink Yes  No

**Any special dietary requirements? Please tell us what they are:**

**Any other assistance:**

**In order to assist with safe transfers, you must let us know your weight.**

8 - 10 stones  10 - 12 stones  12 - 14 stones  14 - 16 stones  16+stones

<b>Are you currently taking any medication?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Is this medication: prescribed?</b> <input type="checkbox"/>	
<b>Over the counter?</b> <input type="checkbox"/>	
<b>If prescribed, please attach a copy of your prescription.</b>	
<b>In the event of needing to take medication at centre 81 do you need assistance to:</b>	
<b>Self medicate?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Open bottle</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Measure out correct dosage</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Administer medication</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Do you need assistance to ensure that your medication is stored securely &amp; safely in line with Centre 81's policy?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Are you Allergic to anything?</b> Yes <input type="checkbox"/> <b>If you are please state what?</b> No <input type="checkbox"/>	
<b>Do you suffer from any behaviour problems or mental health, if so, please answer the next two questions:</b>	
<b>So that you can receive the right support at Centre 81, please tell us if your disability affects your behaviour and if so, how does this affect you and others around you?</b>	
<b>Has your disability or coping with your disability affected your mental health? If yes, please tell us how this affects you and others around you.</b>	

**In what ways do you think Centre 81 could benefit you?**

**Provide opportunity to meet like-minded people and to assist you to put your disability into context? Yes  No**

**Assistance in establishing or maintaining personal and social boundaries? Yes  No**

**Developing communication skills? Yes  No**

**Developing positive relationships with other people? Yes  No**

**Building your confidence to assist you to participate in community activities? Yes  No**

**Regain your skill level prior to the onset of your disability where possible? Yes  No**

**Learn new skills to manage your impairment and maintain your independence? Yes  No**

**To access support to assist you to adjust emotionally and psychologically to the impact that your disability has on your current lifestyle. Yes  No**

**As a period of rehabilitation to learn skills relating to everyday living such as:  
Preparing & making meals including shopping Yes  No**

**Managing your finances and or correspondence Yes  No**

**As an opportunity to openly discuss issues relating to your disability, i.e., public perception and access to the community?  
Yes  No**

**As somewhere to go while you adjust to your situation and where you can then decide what you wish to do? Yes  No**

**NB: This would have a time limit of three months.**

**Any other information that you think we would find helpful to support you at Centre 81**

**Please Note: You must not give gifts/presents to members of staff or put their name to any documents i.e., your will/legacy. If staff receive any gifts, they must report to management immediately. Thank You**

**Please tell us who is referring you to Centre 81**

<b>Name:</b>	
<b>Position:</b>	Self/Social Worker Other – please specify
<b>Address:</b>	
<b>Tel. No:</b>	
<b>Email address:</b>	

**Please attach your current risk assessment and send the completed form to:**

**The Manager  
 Centre 81  
 Yare House,  
 Morton Peto Road  
 Great Yarmouth  
 Norfolk NR31 0LT**

<b>Tel:</b>	<b>01493 852573</b>
<b>Email:</b>	<a href="mailto:julie.charles@centre81.com">julie.charles@centre81.com</a>