



Project Referral Form

Please use this form to refer clients to the Adult Team - Motiv8 / Smart group / Carers group. Please send the form to The Matthew Project, Adult Team, Nedeham House, 22 St Stephens Rd, Norwich, NR1 3QU, or telephone 01603 626123.

Referral Date		Project	
Please tick : Other agency referral		Client self referral	
Client Name		DOB	Gender
Address			
Postcode			
Phone No(s)			
Can we leave a message on this number YES / NO			
Emergency contact			
Name	Contact Number	Relationship	
Reason for referral:			Is this client attending as a friend or family member YES / NO
Referral from / or where did client hear about The Matthew Project?			
Name / Agency			Contact Number

Other Agencies – Consent to Share			
Please list below any other agencies/people the client consents for The Matthew Project to share information with			
Agency / Relationship	Contact Name	Phone No	Client Initial (for consent)
Consent			
I consent to details being recorded on The Matthew Project client monitoring system. Anonymous details will be used to monitor the services provided.			
Client Signature			Date

Ethnicity									
White		Mixed		Asian / Asian British		Black/Black British		Other Ethnic	
British		White & Black		Indian		Caribbean		Arab	
Irish		Caribbean		Pakistani		African		Other	
Gypsy/Irish Traveller		White & Black African		Bangladeshi		Other Black			
Other White		White & Asian		Chinese				Not stated	
		Other Mixed		Other Asian					
Nationality				Do you have any religious beliefs you would like us to be aware of?			Do you have a disability you would like us to be aware of?		
				YES / NO If Yes, please give details overleaf			YES / NO If Yes, please give details overleaf		

Keyworker	Start Date
Closure Reason	Closed Date

Potential Risks – please circle if any are a risk and complete details in the box below								
Self Harm	Suicide	Overdose	Violence to Others	Domestic violence offending	Sexual offending	Other offending	Accidents	Neglect
Abuse/ Exploitation by others	Domestic Violence	Sex Working	Poor engagement with services	Children	Staff	Homeless / sofa surfing	Driving or operating machinery	Other
Notes								

Background notes
<p>Please provide details to include: What would you like to achieve from this project / What have you achieved before</p>
<p>Referral completed by: _____ Date: _____</p>

Adult Team – Staff Use Only

Allocated to:

Date Allocated:

OUTCOME

Next appt date / time:

With (worker name):

Venue:

Referral Outcome – Please tick	
No Contact	<input type="radio"/>
Service Not Appropriate	<input type="radio"/>
Started	<input type="radio"/>

Use Client Contact sheet to record further notes (including attempts to contact client)