**REFERRAL DOCUMENTATION FORM**

**Referral Record:**

**Date**: \_\_\_\_\_\_\_\_\_ **Time**: \_\_\_\_\_\_\_\_\_

**Caller ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referring To:**

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Referral:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent Obtained:** □ Yes □ No

**Information Shared:**

* Name
* Contact Details
* Situation Summary
* Risk Assessment
* Special Requirements

**Urgent Transfer:**

* Completed
* Attempted
* Not Required

**Follow-up Plan:**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assigned To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Outcome:**

* Successfully Connected
* Waitlisted
* Alternative Needed
* Unable to Access

**Staff Member:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_