A person pointing at a person

Description automatically generated

**REFERRAL FOR LEARNING DISABILITY TEAM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A person with a green shirt  Description automatically generated | **Name** |  | | |
| A calendar with a red circle  Description automatically generated | **Date of Birth** |  | | |
| A cartoon head with a speech bubble  Description automatically generated | **Language spoken** |  | | |
|  | **Address** |  | | |
|  | **Telephone number** |  | | |
| A person with a green shirt  Description automatically generated | **Person to contact** |  | | |
|  | **Telephone number** |  | | |
| **Referral details** | | | | |
| A calendar with a red circle  Description automatically generated | **Referral date** |  | | |
| A person with a green shirt  Description automatically generated | **Referrer name** |  | | |
|  | **Telephone number** |  | | |
|  | **Email address** |  | | |
|  | **Does the person have a learning disability or identify as having a learning disability?** | **Yes** | |  |
| **No** | |  |
|  | **Has the person agreed to the referral?**  **(If the CLDT do not know the person, we will contact them or named carer above to gather more information)** | **Yes** | |  |
| **No** | |  |
| **Reason for referral**  (Current issues? How long has this been happening? Any recent life event such as bereavement/illness/change in care/breakdown in relationships? If behavioural, any triggers? What helps when a person is distressed? What has been done so far to help the current presentation) | | | | |
|  | | | | |
|  | **What help would you like?** |  | | |
|  | **Do you consent to text messages for communication – Yes or No**  **If yes please provide preferred number below** | **Yes** |  | |
| **No** |  | |
|  | **Telephone number** |  | | |
|  | **Patients signature** |  | | |
| A calendar with a red circle  Description automatically generated | **Date** |  | | |
|  | **Referrer signature** |  | | |
| A calendar with a red circle  Description automatically generated | **Date** |  | | |
|  | **Email referral to CLDT** | [Livewell.cldtreferrals@nhs.net](mailto:Livewell.cldtreferrals@nhs.net) | | |
|  | **Or send referral by post to:** | **Community Learning Disabilities Team, Westbourne, Scott Business Park, Beacon Park Road, Plymouth PL2 2PQ** | | |