**A word copy of this form suitable for typing and printing can usually be found on the Local Authority/HSCP and NHS Adult Support and Protection webpage.**

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| **ADULT AT RISK DETAILS (please PRINT details, thank you)**  |
| NAME |  | DOB |  |
| HOME ADDRESS |   | CURRENTWHEREABOUTS |  |
| POSTCODE |  | POSTCODE |  |
| TEL NO: |  | TEL NO: |  |
| GENDER |  | ETHNIC ORIGIN |  | RELIGION |  |
| COMMUNICATION NEEDS (please provide details including communication aids by the adult and specify first language if not English) |  |
| GP NAME / ADDRESS |  |

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| **REFERRER DETAILS (please PRINT details, thank you)**  |
| NAME |  | DESIGNATION |  |
| AGENCY |   | DIRECT DIAL TEL NO: |  |
| EMAIL ADDRESS |  |
| RELATIONSHIP TO ADULT BEING REFERRED: |  |
| SIGNATURE |  |
| DATE |  |

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| IS IT SUSPECTED THAT A CRIME HAS BEEN COMMITTED AND HAVE POLICE BEEN INFORMED? (Include date, time, known action taken etc.) |
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| **DETAILS OF CONCERN (please PRINT details, thank you)**  |
| 1. IN YOUR OPINION IS THE ADULT ABLE TO SAFEGUARD THEIR OWN WELLBEING, PROPERTY, RIGHTS OR OTHER INTERESTS? (If **no**, please state reason)
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| 1. IN YOUR OPINION IS THE ADULT AT RISK OF HARM? (if **yes**, please state reason)

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| 1. IN YOUR OPINION IS THE ADULT AFFECTED BY DISABILITY, MENTAL DISORDER, ILLNESS OR PHYSICAL OR MENTAL INFIRMITY (if **yes**, please specify)
 |  |
| GIVE DETAILS OF HARM (SUSPECTED / WITNESSED / DISCLOSED / REPORTED). DATES, PROTECTIVE ACTIONS TAKEN INCLUDE DETAILS OF ANY PREVIOUS CONCERNS. (please use separate sheet if required) |
|  |
| HAVE YOU (OR ANY OTHER PERSON) TOLD THE ADULT THAT THIS INFORMATION WILL BE SHARED WITH SOCIAL WORK OR OTHER RELEVANT AGENCIES | YES / NO(delete as appropriate) If **NO** please state reasons |

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| **DETAILS OF PERSON SUSPECTED OF CAUSING HARM (If known) (please PRINT details, thank you)**  |
| NAME |  | RELATIONSHIP TO ADULT: |  |
| ADDRESS |   | TEL NO |  |

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| **DETAILS OF MAIN CARER / RELATIVE / POA / GUARDIAN (please PRINT details, thank you)**  |
| NAME |  | RELATIONSHIP TO ADULT: |  |
| ADDRESS |   | TEL NO |  |