GATE HOUSE

238 NEW CROSS ROAD
LONDON SE14 5PL
TELEPHONE: 020 7 635 6883

Date……..

Dear Referrer……..

Please find enclosed our application form:

This form is in (3) three separate sections:

- Pages 3-7 to be completed by the person making the referral.
- Pages 8-10 to be completed by the Psychiatrist.
- Pages 11-12 to be completed by the resident being referred.

We do not discuss referrals until we have received all 3 sections of the application form. Therefore it is very important that you ensure ALL THREE SECTIONS are returned as soon as possible

(INCLUDING THE HISTORY SECTION)

Page 1.

We would like to make you aware that this is the FIRST STAGE of our referral process, should your client be suitable after we have assessed and discussed the completed application form we will hold a MULTI –DISCIPLINARY meeting involving everyone who is currently or previously working with the client.
We do not meet with the potential resident until we have a suitable vacancy.

GATE HOUSE

APPLICATION FOR RESIDENTIAL ACCOMODATION

NAME…… Sex:M/F……

ADDRESS…….
……
……TELEPHONE NO…….

DATE OF BIRTH…….

OTHER AGENCIES INVOLVED:

AGENCY…….
CONTACT PERSON……..

ADDRESS……
……
……TELEPHONE NO …….

AGENCY……
CONTACT PERSON……..

ADDRESS……
……..
……..TELEPHONE NO…….....

IS THE CLIENT CURRENTLY AN IN-PATIENT: YES/NO

PLEASE STATE WHY YOU THINK YOUR CLIENT WILL BENEFIT FROM THIS RESIDENTIAL
PROJECT:…….
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…….
……PLEASE CONTINUE ON SEPARATE A4 PAPER IF NECESSARY

WHICH LOCAL AUTHORITY HAS ACCEPTED THE CLIENT AS THEIR HOUSING
AGENCIES?.....
……..

HAS THE CLIENT BEEN REFERRED TO THE LOCAL AUTHORITY'S MENTAL ILLNESS REVIEW AND PLACEMENT PANEL? YES/NO

Does the client have any Physical Health Problems? (Please include need for daily Treatment, Medication used, Special diets, etc).

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Please continue)……..
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Does the client have any physical
Disability/s?.....
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Does the client have a history of any of the following: (if yes please give details)

1. ABUSE OF DRUGS
2. ABUSE OF ALCOHOL
3. AGGRESSION OF VIOLENCE TOWARDS PERSON OR PROPERTY
4. SELF DESTRUCTIVE BEHAVIOUR
5. SEXUAL HARRASSMENT OF PEOPLE
6. RACIAL HARASSMENT OF PEOPLE

Does the client have any History of committing: (If yes please give details?

1.ARSON
2.PETTY THEFT

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Pg 7. **SOCIAL HISTORY**

A Full and up-to-Date Social History is Required…….
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Please continue on a separate sheet if necessary)

I undertake to maintain ongoing social work contact with the client and attend Reviews and conferences.

I accept the client may be asked to leave under the terms of the Licence Agreement should SHE/HE break them.

SIGNATURE OF REFERRER……. DATES…….

PSYCHIATRIST REPORT

FOR APPLICATION TO GATE HOUSE

NAME OF
CLIENT……. D.O.B……...

1. WHAT IS CLIENTS DIAGNOSIS IF ANY?

……

2. PLEASE GIVE DETAILS OF HOSPITAL ADMISSIONS

Length of
Stay……

Dates……..

Type of
Treatment…….
…….
……..
…….

Details of what precipitates admissions etc.

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3. (A) what, if any is the client current medication?

Pg.9……
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(B) What is the client attitude to taking medication?

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(C) What is likely to happen if the client does not take their medication?

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(D) Recognition of Relapse: Please include a prediction of the likely signs by which A developing relapse might be recognised.

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4. How does the client relate to others?

……
……

5. Does the client have any chronic or recent physical condition which we should know about? YES/NO

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……

6. What benefits do you think the client could derive from being a resident of Gate House? …….
   …….
   …….
   …….
   ……

7. Would you continue to see the client on an out-patient basis? YES/NO

8. Please complete SECTION (A) below if the client is currently an In-patient, or SECTION (B) if the client is an out-patient.

NAME OF CLIENT …….. D.O.B……..

SECTION(A) I AGREE TO PROVIDE FUTURE OUT-PATIENT CARE, AND ADMIT THE CLIENT IN AN EVENT OF A RELAPSE.

Name of

CONSULTANT ……

NAME OF HOSPITAL …….

SIGNATURE OF CONSULTANT
…….

DATE ……

NAME OF CONSULTANT ……..

NAME OF HOSPITAL ……..

SIGNATURE OF CONSULTANT …….

DATE ……