TRIPLE R PERSONAL ASSISTANCE
REFERRAL FORM

Confidential Referral Document

1. Referral Details

Date of Referral

Referrer Name

Organisation

Contact Number

Email

Referral Source:

☐ Local Authority ☐ NHS ☐ Probation ☐ Self ☐ Other

2. Client Information

Full Name

Preferred Name

DOB

NHS Number

Postcode

Contact Number

Address

3. Funding Information

Funding Authority

Hours per Week

Start Date

Funding Type:

☐ Local Authority ☐ Direct Payments ☐ Private ☐ CHC

4. Support Needs

☐ Mental Health ☐ Learning Disabilities ☐ Autism ☐ Physical Disabilities ☐ Substance Misuse ☐ Complex Needs

Support Required (Detailed)

5. Risk Assessment Matrix

Risk Area	Level (Low/Med/High)	Details
Self-harm		
Aggression		
Substance Misuse		

6. Safeguarding

☐ Yes ☐ No

Details

7. Background History

Background History (Housing, health, offending, social context)

8. Current Services

Services Involved

9. Consent & Declaration

☐ Consent Given ☐ Consent Not Given

Declaration Details

10. Triple R Internal Use

Assigned Staff

Assessment Date

Start Date

Risk Level Confirmed

Triple R Personal Assistance – Confidential