

High risk panel referral form

DETAILS OF PERSON AT RISK						
NAME				MOSAIC/User ID		
Address						
AGE	DOB				GENDER	
USER GROUP Tick any appropriate user group	Learning Disability				Mental Health	
	Older People				Physical & Sensory	
	Substance Misuse				Other vulnerable people	
ETHNIC ORIGIN	White British		White Irish		Other White	
	White Traveller of Irish Heritage		White Gypsy/Roma			
	Black Caribbean		Black African		Other Black	
	Indian		Pakistani		Bangladeshi	
	Chinese		Other Asian		Mixed White and Black Caribbean	
	Mixed White and Black African		Mixed White and Asian		Mixed White and Chinese	
	Other					
DATE & TIME OF REFERRAL						
TENURE	Home Owner				Lessee	
	Council Tenant				Private rented	
	Housing Association Tenant				Temporary Accommodation	
	Other					
SOURCE OF INITIAL REFERRAL	Neighbour				GP	
	Estate Officer				Floating Support Worker	
	Social Worker/ Community Nurse				Police	
	Fire Service				Other	

High Risk Panel Referral Form – August 2018

DETAILS OF THE PERSON COMPLETING THIS FORM			
NAME	JOB TITLE / PROFESSION	CONTACT DETAILS	DATE

DETAILS OF THE MANAGER AUTHORISING THIS REFERRAL			
NAME	JOB TITLE / PROFESSION	CONTACT DETAILS	DATE

Up to date background information on the person at risk and reasons for referral to the panel

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Briefly outline the assessed risks to the person or others (include severity and likelihood of harm) and their views of the identified risks
Please state whether there are any fire risks

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Results of formal mental capacity assessment (including “executive capacity” i.e. the ability of the person to implement the decision)

Has the safeguarding adult’s process been started and what stage is it at? If not started, why not?

What are the protective factors in the person’s life? e.g. home care, placement, support from neighbours

Briefly outline the interventions that have already been tried and what the outcomes were

Has a multi-agency meeting already taken place? (if no, outline why this referral needs to go to the high risk panel)

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Does the person engage with services? (If yes, explain why a referral to the high risk panel is required)

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What outcomes are you seeking from this referral?

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Has your manager approved this referral to the high risk panel (if not, then do not proceed with referral)

YES/NO