



St MARK'S SOCIAL EDUCATION DAY SERVICE

For people with Autism & Learning Disabilities

Millais Road, Bush Hill Park, Enfield EN1 1EF

Tel: 020 8245 9743

[E-mail: stmarkdayservice@btconnect.com](mailto:stmarkdayservice@btconnect.com)

www.stmarksdayservice.co.uk



DAY SERVICE REFERRAL FORM

Date of Referral: _____

Taken By: _____

CLIENT DETAILS

Name: _____

DOB: _____

Address: _____

Telephone: _____ Email: _____

Ethnicity: _____ Religion: _____

Diagnosis/condition (as defined by Medical Officer): _____

Medication: _____

Allergies/dietary requirements: _____

SOURCE OF REFERRAL

Borough: _____

Name _____

Address: _____

Telephone _____ email: _____

Name and address of where invoices should be sent: _____

Date of commencement of service:

GP DETAILS

Name/Practice _____

Telephone _____

NEXT OF KIN/EMERGENCY CONTACT

Name_____ Relationship_____

Address_____

Telephone: Home_____ Work_____

Email: _____

RISK ASSESSMENT/ADDITIONAL INFORMATION

Lives with family/other_____

Does the Client have a service/support plan YES NO

Does the client have a risk assessment? YES NO

Mobility Limitations:_____

Mobility Aids:_____

Assistance Required with: Eating Toilet Mobility Bus/Transport

ADDITIONAL RELEVANT NOTES (if applicable)