St MARK'S SOCIAL EDUCATION DAY SERVICE
For Autistic People with Learning Disabilities
149 Percival Road EN1 1QT
Tel: 020 8366 3757
e-mail: stmarkspercival@gmail.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_____

National Autistic Society | Autism Specialist Award 2022

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)