**Dynamic Support Register Notification**

**Self-referral**

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| Title: |  | Referral date: |  |
| Surname: |  | Date Of Birth: |  |
| First Name(s): |  | NHS NO (if known): |  |
| Address: |  | Contact details: |  |
| GP Practice: |  | Known Services involved: | Community Mental Health Team [ ] Community Learning Disabilities Team [ ] Early Intervention [ ] Community Child and Adolescent team [ ] Social Care [ ] Specify social care team: Other – please state:  |
| Diagnosis: | Learning Disability [ ] Autism [ ] Both [ ]  | Residence type: | Own home [ ] Living with family/friends [ ] Supported Living [ ] Residential Home [ ] No Fixed abode [ ]  Hospital [ ]  |

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| --- | --- |
| Do you consent to:1. The sharing of your information with other relevant professionals?
2. Your information to be held on the DSR database?
3. Key Worker Service - If you are aged between **18-25**, you may be entitled to a Keyworker from the Keyworker Service to help plan your support. Do you give consent to be contacted by the Keyworker Team?

*If the referral is being completed by someone other than the individual themselves, please ensure you have discussed this with the individual. If the individual lacks capacity to consent please specify this and your views on whether it is in their best interest to be added to the DSR.* | Yes [ ]  No [ ]  Yes [ ]  No [ ] Yes [ ]  No [ ]  |

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| --- | --- |
| Person completing referral: | Self [ ] Family/Friend/Carer [ ]  If Family/Friend/Carer/Other please provide your details below:Name:Relationship to the person:Contact details: |

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| Please provide an overview of your current situation and the concerns you have which has prompted this referral: |
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| Please provide information about why you think you are at risk of admission and how professionals can best support you: |
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| What support, if any, do you currently receive? |
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The information you provide will be assessed against the DSR criteria. We will inform you if you meet the criteria to be added to the DSR. If you do not meet the criteria, we will signpost you to support which may help you.

Please return this form to: bswicb.dsr.self-referrals@nhs.net

For children and young people to: bswicb.childrensservicescommissioning@nhs.net