# REFERRAL FORM

## COMMUNITY SOCIAL WORK SERVICE at Ċentru Antida family support services hub

Generic social work services are provided to vulnerable individuals and families living in Tarxien, Paola, Fgura, Santa Luċija and Birżebbuġia. Prior to completing the referral form, a case consultation is to be held with professionals from the foundation.

**The Filled-in referral forms has to be sent via email on** **socialwork@antidemalta.org**

# Section A: Details of Referrer and other professionals involved

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Referral:**  |  | **Referring Agency:** |  |
| **Service Unit:** |  | **Profession/ designation:** |  |
|  |
| **Name of Referrer:**  |  | **Warrant No (if applicable):** |  |
| **Direct Telephone/s Nos:**  |  | **E-mail address:**  |  |

**Details of other Professionals involved with the person/ family being referred**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name & Surname** | **Designation** | **Organisation** | **Email** | **Tel. No:** | **Supports which referred person?** |
|   |   |   |   |   |   |
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# Section B: Service User Details

**Details of main person being referred**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:**  |  | **Surname:** |  |
| **ID Number:** |  | **Date of Birth:** |  |
| **Gender:**  |  | **Nationality:** |  |
| **Email address:**  |  | **Mobile/Telephone number:**  |  |
| **Address 1:**  |  | **Address 2 –(locality):**  |  |
| **Number of adults in need of support (excluding the main person referred)** | **Male** | **Female** | **Other** | **Number of minors in need of support (excluding the main person referred)** | **Male** | **Female** | **Other** |
|  |  |  |  |  |  |
| **Language Preferred:**  |  | **Citizenship/Immigration status:**  |  |

**Next of Kin/Emergency Contact:**

|  |  |
| --- | --- |
| **Name and Surname:**  |  |
| **Relation:** |  |
| **Contract Details:** |  |

**Status:**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Single | [ ]  | Separated  |
| [ ]  | Married  | [ ]  | Widow/er |
|[ ]  Divorced  | [ ]  | Cohabiting |
| **Is the service user referred aware of the referral:** | [ ]  | Yes | [ ]  | No | [ ]  | Not Yet |
|  |  |
| **Family Composition and Significant Others (Excluding main person referred):** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name & Surname** | **Address** | **Relation** | **Mobile / Telephone** | **ID No:** | **Date of Birth:** | **Comments: (ex employment; relationship, mental health; other)**  |
|   |   |   |   |   |  |   |
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# Section C: Presenting Problem

**Presenting Problem According to the service user (at this stage please select only one):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Abuse in Intimate Relationship | [ ]  | Family Dynamics | [ ]  | Emotional Distress |  |  |
| [ ]  | Caregivers of Mentally Ill Persons | [ ]  | Financial Difficulties | [ ]  | Ill Health and Frailty |  |  |
|[ ]  Homelessness and substandard housing  | [ ]  | Other [please specify] |   |  |  |

**Reason for referral according to the referrer:**

(Information re health, support network, social workers comments etc.)

|  |
| --- |
|   |

**Reason for referral according to the service user - if different from that of the referrer:**

(Information re health, support network, social workers comments etc.)

|  |
| --- |
|   |

**Description of service user’s present situation, including the service user’s perspective:**

(Information re health, support network, social workers comments etc.)

|  |
| --- |
|   |

**Genogram:**

|  |
| --- |
| **Diagram  Description automatically generatedShape  Description automatically generated with low confidence**  |

**ECO-map**

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|  |

**Details of any interventions already carried out:**

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**Other essential information:**

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 Signature of Referrer

 Date

# Filled-in referral forms are to be forwarded by email on socialwork@antidemalta.org