**DATE OF REFERRAL: .............................**

**Client Name: ………………………………………… D.O.B.: …………………….**

**Telephone number…………………………………..**

**Address:…………**

**Has client given permission for us to contact them? Yes🞎 No🞎**

**Is it OK to leave a telephone message? Yes🞎 No🞎**

**Is it OK to leave a text message?**

**Name of referring agency……………………………………………………………….**

**Worker name and contact details: …………………………………………………………………………………..**

**……………………………………………………………………………………………………………………………...**

**REASON FOR REFERRAL: (please tick all that apply)**

**Sex Workers' Outreach Project Referrals:**

**Sex work (current) Yes🞎 No🞎**

**Previous sex work Yes🞎 No🞎**

**Possibly involved in sex work Yes🞎 No🞎**

**Sexual health concerns Yes🞎 No🞎**

**Support with leaving / reducing sex work Yes🞎 No🞎**

**Support with accessing health support services Yes🞎 No🞎**

**Requires additional (outreach) support in order to access or reengage with:**

**Substance misuse support and services: Yes🞎 No🞎**

**Sexual health Services: Yes🞎 No🞎**

**Employment / Careers Services: Yes🞎 No🞎**

**Money or benefit advice: Yes🞎 No🞎**

**Other Services: ............................... Yes🞎 No🞎**

**Please give full details of support needs, including substance use:**

**Known risk factors:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **Relevant details** |
| **Overdose history** | **Yes🞎** | **No🞎** |  |
| **Mental health** | **Yes🞎** | **No🞎** |  |
| **Domestic violence** | **Yes🞎** | **No🞎** |  |
| **Street homeless** | **Yes🞎** | **No🞎** |  |
| **Sexual / financial exploitation by others** | **Yes🞎** | **No🞎** |  |
| **Other** | **Yes🞎** | **No 🞎** |  |

**Any known history of violence or aggression? Yes🞎 No🞎**

**Relevant details:………………………………………………………………………………………**

**…………………………………………………………………………………………………………….**

**Other services involved in care:**

|  |  |  |
| --- | --- | --- |
| **Service** | **Worker** | **Contact details** |
|  |  |  |
|  |  |  |
|  |  |  |

**DOES CLIENT HAVE ANY CHILDREN LIVING WITH THEM?**

|  |  |
| --- | --- |
| **NAME** | **D.OB.** |
| **Any current / recent social services involvement? Yes/ No Please give any relevant information including social worker contact details and if under Child Protection or Child in Need plan:** | |

**PLEASE EMAIL TO:** [Mel.Potter@brightonoasisproject.co.uk](mailto:Mel.Potter@brightonoasisproject.co.uk) or from secure email addresses: mel.potter@brightonoasisproject.co.uk.cjsm.net **Mel Potter - Outreach Services and SWOP (Sex Workers’ Outreach Project) Co-ordinator 01273 675526 / 07801 376158**