



Oak Lodge Residential & High Support Fostering Service.
Chapel Street, Carrick-on-Suir, Co. Tipperary, Ireland.
Phone: 051- 641723 Fax: 051-649150
Email: info@oaklodgeresidential.ie

Referral Form

(Please tick the type of placement required)

Residential Care Respite Outreach Assessment
Foster Care

Name of H.S.E. Local Authority making referral:

This referral has been formally approved for placement by the appropriate H.S.E. local authority and funding agreed.

PERSONAL DETAILS

PLEASE ENSURE ALL SECTIONS ARE COMPLETED.

Name:	
Date of Birth:	
Address:	
Telephone No:	
Current Placement:	

Legal Guardian:	
Ethnicity:	
Nationality:	



Principal Social Worker:	
Team Leader:	
Social Worker:	
Address:	
Area:	
	Telephone:
	Mobile:
	Fax:
	Email:

Previous GP:	
Address:	
Telephone No:	



REASON FOR REFERRAL

Include young person's view of referral to residential/foster care. **Specify reasons for referral to residential care/foster care.**

PREVIOUS PLACEMENT DETAILS

For example, specialist educational programmes, relative/ foster placements, residential placements, level of supervision, reason for placement changes/breakdown.



FAMILY BACKGROUND

For example, family members, family dynamics including ability to supervise/control young person's behaviour, parenting practices, quality of relationships, contact between parents, siblings and relevant persons, cultural heritage of family, language spoken at home.

Not applicable if included in the social background report which is enclosed.



PEN PICTURE OF YOUNG PERSON

For example physical description, social skills, personality, interests, attitudes, anti-social behaviour.

A large, empty rectangular box with a thin black border, intended for writing a pen picture of a young person.

EDUCATION HISTORY

For example, current school, previous schools attended and reason for change, level of achievement, behavioural issues, relationships with other pupils/teachers, educational psychologist.

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MEDICAL INFORMATION

Significant birth history:	
Immunisation status:	
Any outstanding immunisations:	
Childhood medical conditions:	
Current medical conditions:	
Receiving any medical treatment from doctor, hospital or clinic:	
Taking any prescribed medication:	
Medication:	Who prescribed: Dose: Review date:

Allergies to medication (e.g. penicillin) substances (e.g. Latex) or foods:			
Other relevant information: E.g. Medical Card details.			

CHALLENGING BEHAVIOURS

Include specific details of offending behaviour with/without charges, substance misuse, fire raising, and sexually aggressive behaviour.

OTHER AGENCIES INVOLVED

Include previous and current involvement of agencies in relation to behaviours, for example, addiction workers, educational psychologist, specialist counselling.

CHECKLIST OF ASSESSMENT

(Tick those that you are inclosing with this form)

- Social History Report
- Chronology
- Educational Report (including co-ordinated support plans)
- Psychological/ Psychiatric/ Medical Reports
- Children's Hearing/ Care reports
- Garda Reports
- Other Reports (please specify).



REFERRER'S DETAILS

Name:			
Position held:			
Address:			
Telephone:			
Email:			

Signed:		Date:	
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Please return the form to:

Name: Sean Brennan. Director of Services.

Address: Oak Lodge Residential Services, Chapel , Carrick- on Suir, Co. Tipperary.

Fax: 051/649150. **Telephone:** 051/ 641723

Email: info@oaklodgeresidential.ie

Name: Louise Lehane. Head of Fostering Services.

Address: Oak Lodge High Support Fostering Services, Chapel, Carrick- on Suir, Co. Tipperary.

Fax: 051/649150. **Telephone:** 051/ 641723

Email: louise@oaklodgefostering.ie

N.B. Please note, should the young person being referred be accepted into the care of Oak Lodge Residential and/or Fostering Services, the following documentation will be required prior to placement:

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|-------------------------------|---|
| 1. Copy of Birth Certificate. | 6. Educational Report(s). |
| 2. Copy of the Care Order. | 7. Medical Reports. |
| 3. Social History Report. | 8. Assessment Report(s). |
| 4. Psychological Report. | 9. Copy of previous care plans. |
| 5. Review Date. | 10. Any other relevant reports, E.g. Medical Consent form, Activity Consent Form. |