**Dynamic Support Register Notification**

**Self-referral**

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| Title: |  | Referral date: |  |
| Surname: |  | DOB: |  |
| First Name(s): |  | NHS NO: |  |
| Address: |  | Contact details: |  |
| 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?   *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 |

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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? |
|  |

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.