



# **PHOENIX LODGE COVENTRY**

## **Mental Health Supported Living Services**

Referral Form v1

September 2024

Service Manager: Jacqueline Mansfield  
Phone: 07305 369 671  
189 Woodway Lane, Coventry, CV2 2EH



# PHOENIX LODGE COVENTRY

## Mental Health Supported Living Services

### SERVICE USER REFERRAL FORM

Service User name:

Date:

Care Manager:

Tel:

Referring Authority:

Email:

| Details:   | Description: |
|--|--------------|
| DOB:   |              |
| Current Address:   |              |
| Diagnosis:   |              |
| Current Medication:  |              |
| Signs of relapse:  |              |
| Level of SU's insight into illness:  |              |
| Physical disabilities:   |              |
| Other medical conditions/disorders:  |              |
| Self medicating or requires supervision:                                   |              |
| Benefits currently being received:   |              |
| Management of finances:  |              |
| <b>Does SU require support in the following daily living skills areas:</b> |              |
| Sleeping pattern:  |              |
| Personal Hygiene/washing:  |              |
| Bathing/Showering:   |              |
| Presentation/appearance:   |              |
| Laundry:   |              |
| Ironing:   |              |



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## Mental Health Supported Living Services

| Details:   | Description |
|--|-------------|
| Cleaning and dusting own room:                             |             |
| Any special dietary requirements:                          |             |
| Planning a meal:   |             |
| Shopping (food/clothes):                                   |             |
| Cooking hot/cold:  |             |
| Storing food safely:                                       |             |
| Health & Safety awareness when indoors (gas/electrics/):   |             |
| Health & Safety awareness when outdoors (Road):            |             |
| <b>Social Skills:</b>                                      |             |
| Verbal communication skills:                               |             |
| Written communication skills:                              |             |
| Social behaviour:  |             |
| Alcohol consumption:                                       |             |
| Illegal use of Substances:                                 |             |
| Nicotine consumption:                                      |             |
| Any other addictions:                                      |             |
| Independent travel on public transport:                    |             |
| Social activities/hobbies:                                 |             |
| <b>Other:</b>  |             |
| Any criminal convictions:                                  |             |
| Any likes:   |             |
| Any dislikes:  |             |
| Any family links:  |             |
| Risk to others (grade between 1 – 5, 1 being the lowest):  |             |
| Risk of self harm (grade between 1-5, 1 being the lowest): |             |
| Future Plans:  |             |
| Religious /Cultural beliefs:                               |             |
| Daytime structured activities:                             |             |

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