**Complex Case Panel Form**

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| **Name** |  | **LAS number** |  |
| **Address** |  |
| **DOB:** |  | **Housing Status:** | (Private, Council, Owner occupier, H.A, NFA) |
| **Gender:** |  | **Additional Needs:** | (Language, disability, age) |
| **Referring Service:** |  | **Professional’s Name:** |  |
| **Consent Obtained from Service User:** | **Y/N** | **I have discussed with my relevant manager:** | **Y/N** |
| **Date of Referral:** |  | **Professional’s Tel & Email:** |  |
| **Please specify concerns:** Provide available information, including all known safeguarding and vulnerability matters, associated risks e.g., Self-Neglect, Domestic Abuse, Risk of Eviction, Mental Capacity/Mental Health, Substance Misuse etc. |  |
| **Additional Considerations:*** Is there a financial implication for the individual?
* Is there a financial implication for the provider supporting them?

Is there anything we need to think about in terms of Covid/infection-related for the person and the immediate family supporting them? |  |
| **Agency/Professional Involvement (In place or refused)**List of services / professionals you have contacted as a result of this information and or services currently involved.**(Police, MASH, Social Care, Environmental Health, Housing Assoc.)** |  |
| **Desired outcomes by referrer:** E.g., an agreed level of risk/strategies to minimise or manage risk |  |
| **Check list:**What professionals’ meetings have taken place? Date and who attended?What else have you tried?Why has this not worked? |  |
| **Date this case was heard at panel:** |  |
| **Actions agreed by Panel:** |  |
| **Outcomes following actions from panel:**   |  |
| **Did Complex Case Panel help with reaching these outcomes and what did we do differently?**  **(What did we learn from this - Feedback for the QSP Team)**   |  |