

### Learning Disability Definition

- A state of arrested or incomplete development of mind
- Significant impairment of intellectual functioning
- Significant impairment of adaptive/social functioning

Somebody with a learning disability will have difficulties in understanding, learning new things and generalising these to new situations.

They will have difficulties with social tasks (e.g. communication, self care, awareness of and responses to danger, etc) and these difficulties will vary dependent upon the extent and nature of the disability.

### **Diagnosis must be differentiated from “learning difficulties”**

A further dimension is that these impairments and difficulties are present from childhood, not acquired as a result of accident or following the onset of adult illness.

*Numbers below correspond to numbers on the form.*

#### **1. CLIENT DETAILS**

- Date of birth is essential.
- Referrals from other health services require a Chi Number.

#### **2. REFERRER DETAILS**

- Unless there are reasons to the contrary, the referral should be discussed and agreed with the service user prior to the referral being initiated.

#### **3. REFERRAL DETAILS**

- Tick the box(es) which describe the presenting issue.
- Please provide a summary of the behaviours, current situation, or other objective material. References to issues like low self-esteem, depression, and anxiety should be avoided unless these causes of behaviour have already been substantiated by appropriately trained professionals.

#### **4. OTHER AGENCIES INVOLVED**

- Tick the box(es) which apply.
- Provide details.

#### **5. CARE MANAGER DETAILS**

- In most instances this will be a person in the Department of Social Services.

**See over..../**

## **6. CARER DETAILS**

- In most instances, the **main carer** is the family member or agency who provides residential care.
- **Other carers** would be usually be associated with the client's day services. This will vary according to the client's circumstances.

## **7. GP DETAILS**

- All information, including address and telephone number must be provided.

## **8. NEXT OF KIN DETAILS**

- If a repetition of No 5, simply indicate "As above".

## **9. OTHER INFORMATION**

- Please provide any additional information that will help clarify the nature of the referral, or the circumstances giving rise to the issue that prompted the referral.

## **10. PREVIOUS INVOLVEMENT WITH TEAM**

- Please provide (if known) dates, year, departments or individual(s) previously involved and reason for previous referral.

**Incomplete, inaccurate, or illegible information will delay your referral being processed.**

Please send the completed form to:

Service Development Manager  
Kirklands Hospital  
Fallside Road  
Bothwell  
G71 8BB Tel: (01698) 855580