

**S257 REFERRAL FORM**

Duty Social Worker  
Adults/Older People  
*(Delete as appropriate)*

To whom it may concern,

**Name:** \_\_\_\_\_ **DoB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

The above was recently assessed by me under the Mental Health (Care & Treatment)(s) Act 2003, in respect of Compulsory Intervention under s36, 44, 65 *(delete as appropriate)*.

However despite not now being subject of compulsion, they appear to have ongoing Social Work needs, which may need services.

Consequently as required under s257 of Mental Health (Care & Treatment)(s) Act 2003, I hereby refer to you for a needs assessment under the NHS and Community Care Act 1990.

Yours sincerely,

**Specialist Mental Health Officer.**