

**Request to GP for Relevant Health Information**

**The purpose of this form is to notify you that an Adult Protection inquiry with /without investigative actions has commenced regarding the following adult. A response would be appreciated within 2 working days. Alternatively, you can contact the Council Officer to discuss via the telephone on the number provided at the end of the form.**

**To be completed by the Council Officer:**

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| Adult at risks name: |
| Address: |
| Post Code: |
| CHI (if known): |

**To be completed by the Council Officer: Description of ASP Concerns/risks/needs/action**

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|  |

**To be completed by Health staff**

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| Name of Health person collating and analysing relevant health information on behalf of the GP/Practice: |
| Address: |
| Telephone: |
| Email: |

**Has the adult consented to the sharing of this information:**

*When responding to a suspected case of harm, the duty of confidentiality will be a key consideration. GPs must consider the need to balance his or her duty of care to the patient and towards public protection with the need to protect patient confidentiality and autonomy. While adults with capacity have the right to consent or otherwise to the GP making a referral, this right is not absolute and may be overridden. The multi-agency approach to adult support and protection means that, where it is lawful and ethical to do so, appropriate information* ***should be shared*** *between relevant agencies to ensure appropriate and timely support can be provided.*

*Adults assessed as being unable to consent to an adult protection referral being made may be particularly at risk. GP’s must immediately take action on their behalf and make a referral to the council, and, if they judge it to be appropriate, also alert the police.*

*GPs may seek advice in such situations from senior colleagues and/or defence unions.*

*\*\* Section 10 of the ASP Act 2007 permits council officers to obtain copies of health, financial or other records relating to the adult known or believed to be at risk, if this is required to establish whether further action is required to protect that adult from harm. In most cases it is seldom required the use Section 10 as health professionals usually share relevant information voluntarily.*

**Relevant Health Information from the GP / Health Professional:**

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| What relevant health information do you want to **share** to support this Adult Protection inquiry with / without investigative actions? *(This information may be shared with other agencies such as Police Scotland, the Care Inspectorate and 3rd sector or Independent sector).* | |
| GP / Health Professional Name: | Service: |
| Address/Area: | Tel. No.: |

|  |  |
| --- | --- |
| Council Officer Name: | Service: |
| Address/Area: | Tel. No:  Email: |

**When complete please send the completed form directly to the Council Officer or if unavailable to the local social work team:**

**SOUTH LANARKSHIRE**

**Hamilton Local Office**

* **E-mail:** [swlohamilton@southlanarkshire.gov.uk](mailto:swlohamilton@southlanarkshire.gov.uk)
* **Phone:** 0303 123 1008 (select relevant locality or after 4.15pm and at weekends the Emergency out of Hours Service)

**Rutherglen Local Office**

* **E-mail:** [swlorutherglen2@southlanarkshire.gov.uk](mailto:swlorutherglen2@southlanarkshire.gov.uk)
* **Phone:** 0303 123 1008 (select relevant locality or after 4.15pm and at weekends the Emergency out of Hours Service

**Clydesdale Local Office**

* **E-mail:** [swloclydesdale@southlanarkshire.gov.uk](mailto:swloclydesdale@southlanarkshire.gov.uk)
* **Phone:** 0303 123 1008 (select relevant locality or after 4.15pm and at weekends the Emergency out of Hours Service)

**East Kilbride Local Office**

* **E-mail:** [swloeastkilbride@southlanarkshire.gov.uk](mailto:swloeastkilbride@southlanarkshire.gov.uk)
* **Phone:** 0303 123 1008 (select relevant locality or after 4.15pm and at weekends the Emergency out of Hours Service)

**NORTH LANARKSHIRE**

**Airdrie Locality Office**

* **E-mail:** AirdrieSocialWorkLocalityCommCareAdmin@northlan.gov.uk
* **Phone:** 01236 757000

**Bellshill Locality Office**

* **E-mail:** BellshillSocialWorkLocalityCommCareAdmin@northlan.gov.uk
* **Phone:** 01698 346666

**Coatbridge Locality Office**

* **E-mail:** CoatbridgeSocialWorkLocalityCommCareAdmin@northlan.gov.uk
* **Phone:** 01236 622100

**Cumbernauld Locality Office**

* **E-mail:** CumbernauldSocialWorkLocalityCommCareAdmin@northlan.gov.uk
* **Phone:** 01236 638700

**Motherwell Locality Office**

* **E-mail:** MotherwellSocialWorkLocalityCommCareAdmin@northlan.gov.uk
* **Phone:** 01698 332100

**Wishaw Locality Office**

* **E-mail:** WishawSocialWorkLocalityCommCareAdmin@northlan.gov.uk
* **Phone:** 01698 348200

**North Lanarkshire Social Work Emergency Services (SWES)**

* **Phone:** 0800 121 4114

For further information on GPs roles and responsibilities in adult protection, please refer to this link: [Adult Support and Protection (Scotland) Act 2007: Guidance for General Practice](https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2022/07/adult-support-protection-scotland-act-2007-guidance-general-practice2/documents/adult-support-protection-scotland-act-2007-guidance-general-practice/adult-support-protection-scotland-act-2007-guidance-general-practice/govscot%3Adocument/adult-support-protection-scotland-act-2007-guidance-general-practice.pdf)