**Priory PICU /Acute Services: Initial Referral Form**

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| **REFERRER TO COMPLETE ALL SECTIONS** |
| **Date , Day & Time of Referral** | **Date:** | **Day:** | **Time:** |
| **Referrer /Point of Contact Details** (do not use abbreviations) | **Name:** | **Position:** | **Referring Trust & locality:** |
|  | **Phone number:** |  |  |
|  | **Email:** |  |  |
| **Type of referral** | **Acute** [ ]   **PICU**[ ]  |
| **Funding Authority Responsible Trust for service user’s care** |  |
| **Care Co-ordinator/Case manager and Contact Details** | **Name:****Phone number:****Email:** |
| **Name of service user and preferences**  | **NAME**: | **Gender of service user: M** [ ]   **F:** [ ]  |
|  |  | Tick if gender identity is different to the sex assigned at birth [ ]   |
|  |  |  **Preferred Pro-noun**: (He/Him/She/Her/They/Them or Other) |
| **Service user address** | Address:Unable to return to current accommodation: [ ]  | No Fixed Abode: [ ]  |
| **Service user personal email address** |  |
| **Date of Birth** |  |
| **Service users NHS Number** |  |
| **Current GP contact information** | GP Name:GP Surgery:Contact number/email: |
| **Name and Contact Details of Next of Kin /Nearest Relative** |  | **NoK/nearest relative is aware of referral:** **Yes:** [ ]  **No:** [ ] Any specific concerns/requests expressed re the service user’s placement: |
| **Legal Status & MHRT date** | **Legal Status:****Next tribunal (MHRT) date (**or any other relevant legal deadlines)**:****CTO (or other legal frameworks relevant to the service user’s care):** **Yes:** [ ]  **No:** [ ]  |
| **Date of section expiry** |  |
| **If Informal, is service user willing to accept out of area placement?** |  |
| **Does the Trust have a minimum CQC rating requirement for placement?** (will they consider “Requires Improvement” or lower) |  |
| **Social Worker Contact Details:** |  |
| **Diagnosis:** |  |
| **Reason for Referral/brief summary of current presentation:** |  |
| **LD and Autism:** | **LD**Diagnosed [ ] Suspected [ ]  | **Autism**Diagnosed [ ] Suspected [ ]  | **ADHD**Diagnosed [ ] Suspected [ ]  |
| **Past Psychiatric History:** i.e. previous admission(s) and previous treatments, and dates. | [ ]  Tick here if a previous Priory admission |
| **If this is not the first admission in 6 months or the service user has been in hospital for over a month, is there a management plan and/or any plans for moving forward?** (support accommodation, rehab etc.) |  |
| **Physical Health Information** (Historical & Current)  | **Current Medication (including use of PRN):** add a copy of current medication chart – see checklist on p3) |
|  | **Any concerns regarding fluid and/or food intake in the last 72hrs?** [ ] add details here: |
|  | **Baseline bloods (if transferring):** |
|  | **Does the service user have service user only medication?** [ ]  |
|  | **Will TTOs will be transported with the service user?** [ ]  |
|  | **Allergies:** | **Adverse reactions to medication:** | **Tick if the service user** **Smokes** [ ] **Vapes** [ ]  | **Underlying physical health conditions:** | **Mobility:****Can this person walk unaided and up and down stairs?** **yes** [ ] **no** [ ]  |
|  | **Is the service user currently pregnant? Yes** [ ]  **No** [ ]  |
|  | **Any ongoing treatments or upcoming medical appointments/procedures that might impact the service user's care or placement:** |
| **Current Observation Level:** |  |
| **Any forensic history or police involvement in the last 3 months?:** |  |
| **Any pending court hearings, criminal charges etc:** |  |
| **Current location/placement & type of setting:** e.g. acute hospital, s136 suite, PICU, Police custody, prison, usual place of residence |  |
| **If the service user is already on a PICU, why do they need transferring?** |  |
| **Risks – please complete the table of risk ticking all that apply** | **Current risk:** | **Historical risk:**  |
| * **Suicide**
 |[ ] [ ]
| * **Deliberate self-harm**
 |[ ] [ ]
| * **Self-neglect**
 |[ ] [ ]
| * **Non-adherence with treatment**
 |[ ] [ ]
| * **Absconsion/escape**
 |[ ] [ ]
| * **Using or supplying drugs or alcohol**
 |[ ] [ ]
| * **Alcohol dependent**
 |[ ] [ ]
| * **Forensic history**
 |[ ] [ ]
| * **Violent, aggressive, intimidating, or discriminatory behaviour**
 |[ ] [ ]
| * **Inappropriate sexual behaviour**
 |[ ] [ ]
| * **Arson**
 |[ ] [ ]
| * **Accidental Fire setting**
 |[ ] [ ]
| * **Risk of harmful substance withdrawal**
 |[ ] [ ]
| * **Physical health**
 |[ ] [ ]
| * **Other risk factors (please detail)**
 |[ ] [ ]
| * **Other risk factors (please detail)**
 |[ ] [ ]
| **If you have ticked any of the above risks, please summarise here:** Incl. MAPPA status, is the service user subject to exclusion zones, restraining orders etc. |  |
| **List of most recent incidents:**List of all incidents in the last three months including frequency and severity level |  |
| **Any safeguarding/child protection concerns** (Please state the body they have been raised with and outcome if known) |  |
| **Service user Consent to share information:** What types of information has the service user consented to be shared and with whom? |  |
| **Any other relevant information:** |  |
| **Please provide the following info along with completed form:** |
| **Up to date /current risk assessment** |[ ]
| **MHA paperwork** |[ ]
| **7+ days of nursing notes** |[ ]
| **Copy of current medication chart (incl. PRN)** |[ ]
| **Any available MDT reports/care plans** |[ ]

**Once completed, please return this form to** prioryenquiries@nhs.net

**Incomplete forms will necessitate delays as the required information is gathered**