**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**: | | | | **Preferred Pro-noun**: (He/Him/She/Her/They/Them or Other) | | | | | | | | | | |
| **Biological sex of service user: M**   **F:**  (tick if gender reassigned at birth? ) | | | | | | | | | | |
| **Current Gender Identity**:  (tick if service user is transgender: ) | | | | | | | | | | |
| **Service user address** | Address:  Unable to return to current accommodation: | | | | | | | | | | | | | | No Fixed Abode: |
| **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) | | | | | | | | | | | | | | |
| **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?** | | | | | | | | | | | | | | |
| **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**  **CHECKLIST:** | | | | | | | | | | | | | | | |
| **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](mailto:prioryenquiries@nhs.net)

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