

Referral Form

Date of Referral:

Referrer Name:		e-mail:		Tel/Fax:	
Job Title:		Organization:			
Address:					

Patient Details:

Patient Name:		D.O.B:		Gender:	
Current Location:		Address:			
Contact Name for current location:		Tel:			
NHS number:		Marital Status:			
Smoking Status:		Religion:			
Ethnicity:		Sexuality:			
GP Details, including address and telephone number:					

Patient Profile:

Diagnosis:		MHA Section and Expiry date:	
		Obs Levels:	

<i>Risk Factors</i>			
Physical Aggression:		Self-Harm:	
Verbal Aggression:		Self-Neglect:	
Absconding:		Substance Misuse:	
Arson:		Suicide:	
Violence to others:		Sexually inappropriate:	
Substance Misuse:		Non – Compliance:	
Physical Needs/Disability:		Brief Forensic History:	
Other Health/Care Considerations	CONFIDENTIAL		
Any communication needs:			
Any Known Allergies:			
Reason for Referral/Current Situation			
List of recent incidents:			
Current Medication/use of PRN:			

Responsible Clinician:

Name:		Tel:	
e-mail:		Mobile:	

Name:		Tel:	
e-mail:		Mobile:	

Funding Authority:

Contact Name:		e-mail:		Tel:	
Authority:		Address:			
Joint Funder:					
Has funding been agreed and when, with whom?					

Next of Kin:

Name:		Tel:	
e-mail:		Mobile:	
Any Communication needs:			

Nearest Relative (if different from above):

Name:		Tel:	
e-mail:		Mobile:	
Any communication needs:			

We appreciate your consideration of Arcadia Care for your referral. We shall respond promptly as follows -

Note: all documentation containing confidential information will need to comply with data protection regulation, such as the use of secure networks or password protection on e-mailed documents.

Please e-mail this completed form to one of the e-mail addresses below and our admissions team or Relationship Manager will be in touch to confirm the referral has been received.

- A clinical assessment will be arranged with the patient's current placement, unless there are other arrangements you wish us to undertake.
- Our Clinical Assessor will meet with the patient, staff and clinicians and review the patient's notes.
- It is important that we act as efficiently as possible regarding the referral, therefore we will need to have access to the following information, at the earliest opportunity as well as during the assessment (email addresses provided below) -

- | | |
|---|-----------------------------------|
| - Psychiatric reports | - Care plan |
| - Risk assessments | - CPA notes |
| - Copy of Medication Chart | - MHRT notes |
| - Psychology reports | - Nursing notes (12 weeks) |
| - Seclusion/Incident log (Previous 6 months) | |

- A full clinical report will be prepared and discussed with our Multi-Disciplinary team.
- A proposed working strategy for the first 6-8 weeks of admission will be prepared, if the patient is suitable for one of our units.
- Of for any reason the patient is not suitable for any of Arcadia Care's units at the current time, a clinical explanation will be sent to the referrer.

If you have any questions or simply wish to speak to a member of staff regarding your nearest Arcadia Care service, please contact –

E-mail: steve@arcadiacare.co.uk

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For Office Use only

Who is assessing:	Date of assessment:	Within 21-day timescale of referral being received:
Outcome following assessment:	Outcome delivered to referrer, date, communication means:	Within 7-day timescale following the assessment:
Date report sent:	To who:	Within 7-day timescale following the assessment:
Final Decision:	Final decision communicated to referrer:	Date of admission: