

Sherwood PICU referral form - Patient and Commissioning details



St Andrew's
HEALTHCARE

Patient's details

Please provide as much information as possible, in order that funding for the placement can be applied for.

Full name: (Please print)		Title:
Preferred name:	Aliases:	
Date of birth:	Patient's first language:	NHS number (IMPORTANT):
Ethnicity:		Religion:
Last known address:		
Postcode:		

Referrer and Commissioner details

Referrers name:	Telephone number:
Email address:	
Status of referrer:	Fax number:
PCT responsible for funding:	Name of person authorising funding:

**Sherwood PICU referral form -
Clinical Information**



**St Andrew's
HEALTHCARE**

Reason for PICU referral

Please provide as much information as possible to enable a decision regarding admission to be made. Please ignore this section if the information is provided in separate reports.

PLEASE INCLUDE STRATEGIES USED IN ATTEMPT TO MANAGE SITUATION

Please indicate if the following information has been sent with this referral:

Previous discharge summaries:		Current mental state examination:	
Current nursing notes:		Current risk assessment:	
Prescription chart:		Tribunal reports:	

Other information (Please state):

Risk Assessment

Please complete this section, or alternatively email or fax a copy of the patient's current risk assessment.

	Yes/ No	Immediate or previous?	Please provide further detail:
Agression			
Abscontion			
Fire setting			
Sexual risk to others			
Drug abuse			
Non- compliance			
Self harming			
Vulnerability			
Suicidal			

Sherwood PICU referral form - Clinical Information (continued)



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Current medication:

Medication received in the past 24 hours:

Adverse drug reactions/drug allergies/idiosyncrasies:

Diagnosis:

Physical/Medical needs:

Forensic history:

Treatment (Details of any past psychiatric history - previously detained under the Mental Health Act)

Sherwood PICU referral form - Relevant contacts.

We aim to have patients on the PICU for as short a time as is safe and practical. To enable us to begin planning your patient's discharge, please provide as much information as possible.

Name:	Telephone number:	Address:
Current in-patient RC:		
Current community RC:		
Current care co-ordinator:		
Current Social Worker:		
Current GP (MUST BE COMPLETED):		
Probation Officer:		
Next of kin:		
Nearest relative (MHA):		

**ONCE ADMISSION IS AGREED, MHA PAPERS SHOULD BE MADE OUT TO
ST ANDREW'S HEALTHCARE**