

Patient Name:

Date of Referral:



Acute and Psychiatric Intensive Care (PICU) inpatient referral form

Please send your referral with supporting clinical documentation to:

✉ sah.picuacute@nhs.net

If you wish to discuss a referral with someone over the phone, please call the enquiry line:

📞 0800 434 6690

Service Required

Male Acute

Female Acute

Male PICU

Female PICU

Patient Details

Name

Patient diagnosis

NHS Number

Current placement

Gender

Date of admission to current placement

Date of birth

Current placement contact name

First language

Current placement telephone

Religion

Legal status

Ethnicity

Date of detention

Patient home address

Specific communication considerations

Important Contact Details

Guardian/Nearest Relative name

Telephone

Current Responsible Clinician name

Telephone

GP name + clinic

Telephone

Care Coordinator name

Telephone

Social Worker name

Telephone

Bed Manager name

Telephone

Referrer Details

Referrer name

Telephone

Organisation

Email

Patient Name:

 Date of Referral:
Authorisation/Commissioning Details

 Organisation responsible for funding

 Telephone Email

I confirm that I have the delegated authority to authorise this episode of treatment on behalf of the funding authority. I understand and agree that all accepted referrals would be subject to St Andrew's Healthcare Inpatient Terms in force during the patient's inpatient stay. The current version of these terms is available at www.stah.org/making-a-referral or on request.

 Name Digital signature

 Telephone Patient's unique reference

Please note: For all admissions, we will also require a signed Named Patient Agreement, which will be sent post admission via the admissions team. Enhanced support or escorted nursing is not included in the daily bed rate. For these fees please contact our admissions team on 0800 434 6690.

Reason for referral

Please provide a summary of current issues, reason for referring this patient and any other information which can help us make a clinical decision.

12 lines

To allow us to make a clinical decision please aim to provide the following patient information:

- | | |
|--|---|
| • MHA section papers | • Current medication and care provided |
| • Background history | • Social history, incl. current significant relationships |
| • Psychiatric history | • Risk history |
| • Medical history (incl. allergies and drug reactions) | • Physical health and mobility needs |
| • Drug and alcohol history | • If currently inpatient, last 24 hours' progress notes |

This information can be supplied by sending the following patient documents with this referral form. Please tick the information you have included.

- | | |
|--|--|
| <input type="checkbox"/> Psychiatric report | <input type="checkbox"/> Discharge summaries |
| <input type="checkbox"/> Patient Risk Assessment including risk/incident logs | <input type="checkbox"/> List of current medications including PRN |
| <input type="checkbox"/> Manager's hearing report - Psychiatric and Social Work | <input type="checkbox"/> Current care plan |
| <input type="checkbox"/> Mental Health Tribunal report - Psychiatric and Social Work | <input type="checkbox"/> Forensic summary |
| <input type="checkbox"/> Gatekeeping assessment | <input type="checkbox"/> CPA reports |

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Signature of this referral form is taken as an acceptance of our Terms of business. To view our full Terms visit www.stah.org/making-a-referral

Charges:

1. Unless and until an alternative fee arrangement has been agreed and confirmed in writing by us, our fees will be based on prices effective at the time of referral. St Andrew's Healthcare reviews its charges annually; you will be notified of any rate change at the appropriate time.
2. Enhanced Support will incur an additional charge.
3. Periods of leave where the bed is kept reserved for the patient, will be charged at 100% of the daily charge for the first 5 days and then at 85% of the daily charge thereafter.
4. The first invoice will be issued within 14 days of the admission and thereafter invoices are raised in advance on the second working day of each month. Invoices will be sent directly to the designated invoice address, with payment due within 14 days of the invoice date.
5. Transport - Our daily rate for Acute or PICU patients does not include transport to or from the referring authority.

Daily charges are generally all inclusive with the following exceptions which will be charged as and when used:

- Tests and procedures that have to be acquired from other health care providers
- Exceptional drug costs not related to mental health status
- Enhanced Support
- Staff and travel costs associated with court/home/hospital visits/patient discharge
- Translator costs

Thank you for your referral.

When completed and 'saved as', please send as an attachment with accompanying information to: sah.picuacute@nhs.net

Save