Patient Name:	
Date of Referral:	

Acute and Psychiatric Intensive Care (PICU) inpatient referral form

Before completing this form, please phone or email the relevant ward you would like to refer to.
When advised to do so, please complete this form, Save as, and then send as an email attachment with accompanying information directly to the relevant ward.

Acute and PICU Contact Details

♂ **Male Acute**	Benfleet ward, Essex	**Telephone:** 01268 723934 (Referral Hub number) 01268 723920 (Ward number)	**Email:** SAH.ACUTEMaleEssex@nhs.net
	Naseby Ward, Northampton	**Telephone:** 01604 616 179	**Email:** SAH.ACUTEMaleNorthampton@nhs.net
♀ **Female PICU**	Frinton Ward, Essex	**Telephone:** 01268 723 860	**Email:** SAH.PICUFemaleEssex@nhs.net
♂ **Male PICU**	Audley Ward, Essex	**Telephone:** 01268 723 930	**Email:** SAH.PICUMaleEssex@nhs.net
	Heygate Ward, Northampton	**Telephone:** 01604 616 111	**Email:** SAH.PICUMaleNorthampton@nhs.net
	Bayley Ward, Northampton	**Telephone:** 01604 614 584	**Email:** SAH.PICUMaleNorthampton@nhs.net

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:	

St Andrew's HEALTHCARE

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 the current issues, reason for referring this patient and what specific outcomes you are looking for.

2 lines

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

- Background history
- Psychiatric history
- Medical history (incl. allergies and drug reactions)
- Drug and alcohol history
- Current medication and care provided
- Social history, incl. current significant relationships
- Risk history
- Physical health and mobility needs

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

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

Please detail any other information available which could help us to make a clinical decision.

6 lines

Thank you for your referral.
Please email all information direct to the relevant ward who will contact you shortly.

Patient Name:	
Date of Referral:	

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

When completed and saved as, please send as an attachment with accompanying information directly to the relevant ward.

Save