Patient Name:	
Date of Referral:	

St Andrew's HEALTHCARE

Neuropsychiatry Rapid Response inpatient referral form

Before completing this form, please contact the admissions team or outside of office hours, please contact Aspen ward in our Lowther Dementia Hub stating you would like to make a Rapid Response referral.
When advised to do so, please complete this form, Save as, and then send as an email attachment to:
8:30am - 5:30pm - SAH.admissions@nhs.net
Out of hours - contact ward for email details

Rapid Response Contact Details		
Admissions team	**Telephone:** 0800 434 6690	**Email:** SAH.admissions@nhs.net
Aspen - Lowther Dementia Hub	**Telephone:** 01604 616000	**Email:** contact ward for details
Please contact Admissions Team Monday-Friday 8:30am - 5:30pm or Lowther Dementia Hub outside of office hours.		

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

Please note: For all admissions, we will also require a signed Named Patient Agreement, which will be sent to you from our 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 your 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 our admissions team or, if out of hours, contact Aspen ward for email details.

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

Save