

Patient Name:

Date of Referral:

All PICU referral requests will be responded to within 1 hour.
Please phone or email the relevant ward before completing this form.

PICU Contact Details

| | | | |
|------------------|---------------------------|--------------------------|--|
| Female PICU ♀ | Frinton Ward, Essex | Telephone: 01268 723 860 | Email: SAH.PICUFemaleEssex@nhs.net |
| | Bayley Ward, Northampton | Telephone: 01604 614 584 | Email: SAH.PICUFemaleNorthampton@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 |

Referrer Details

| | |
|---------------------|------------------|
| Referrer name | Designation |
| Address of referrer | |
| Telephone | Date of referral |
| Email | |

Patient Details

| | |
|------------------------------------|---------------|
| Name | Date of birth |
| Sex | Ethnicity |
| NHS Number | |
| Last known home address of patient | |
| Current Placement | |
| Contact name/designation | |
| Date of admission to current unit | |
| Address of current placement | |
| Telephone | |

Patient Name:.....

Date of Referral:



GP Details

Registered GP name

Practice Code

Address

Telephone

Email

Authorisation Details

Organisation responsible for funding

Address

Telephone

Email

I confirm that I the undersigned have read, understood and accept the terms and conditions set out in this document and have the delegated authority to authorise this episode of treatment on behalf of the funding authority

Name

Designation

Telephone

Email

Signature

Invoicing Details

Contact name

Designation

Address

Telephone

Email

Payable code

Patient Name:.....

Date of Referral:

Reason for referral

Each text field below can hold a maximum of 2,500 characters. If you need to provide further details please continue in the 'Reason for referral' additional information box at the end of this form.

History of presenting problems

Legal status

Date of detention

Current diagnosis

History of involvement with mental health services

Current medication

Patient Name:.....

Date of Referral:

Reason for referral

Each text field below can hold a maximum of 2,500 characters. If you need to provide further details please continue in the 'Reason for referral' additional information box at the end of this form.

**Allergies/adverse
drug reactions**

**Physical health
problems**

**Current and past use
of illicit substances
and alcohol**

**Any forthcoming legal
hearings (MHTs, court
appearances etc)**

Patient Name:

Date of Referral:

Risk History

Each text field below can hold a maximum of 2,500 characters. If you need to provide further details please continue in the 'Reason for referral' additional information box at the end of this form.

Risk to Others

Including aggression / violence;
abusive behaviours; convictions;
fire setting; absconding and
forensic history

Risk to self

Including suicidal ideas;
self-harm; substance misuse

Vulnerability

Including self-neglect,
non-compliance with
medication; abuse;
victimisation; behaviour
likely to provoke abuse

If the referral is accepted please could copies of any clinical summaries (Discharge Summaries, MHT Reports etc) be forwarded as soon as possible to the relevant ward.

Patient Name:

Date of Referral:



Community Team Details

Care Coordinator

Consultant Psychiatrist

Social Worker

Bed Manager

Contact Number

Address

Telephone

Email

Nearest Relative Details

Name

Relationship

Address

Telephone

Email

Other Important Contact Details

Name

Relationship

Address

Telephone

Email

Details of any dependent children

Patient Name:

Date of Referral:

Reason for referral additional information

Risk history additional information

Patient Name:

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Although the admission to St Andrew's PICU services and continuing treatment thereafter will amount to an acceptance of these terms and conditions of business, we require you to return a signed copy of this document

1 CHARGES

- 1.1 Unless and until an alternative fee arrangement has been agreed and confirmed in writing by us, our fees will be based on the schedule of charges featured below effective from 1st April 2020. St Andrew's Healthcare reviews its charges annually; you will be notified of any rate change at the appropriate time.
- 1.2 Enhanced Support will incur an additional charge
- 1.3 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.
- 1.4 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.
- 1.5 Transport - Our daily rate 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

Other information

Since 1 February 2019, the Male and Female PICU in Northampton have been trialling body ward cameras on nurses. For further information please contact the Operational Lead, Dean Robinson by emailing DRobinson@standrew.co.uk

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