

Patient Name: 

 Date of Referral: 

## 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

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](http://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.**

- |  |  |
|--|--|
| <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                               |

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](http://www.stah.org/making-a-referral)

St Andrew's is a no smoking environment

Save