

|  |
| --- |
| **Forensic Community Team****(North East and Cumbria)****Referral Form** |

A Complete



**Referral Criteria**

Before completing the referral, please ensure that the following criteria are met.

* Patient is aged 18 and over [ ]
* Patient has a **primary** diagnosis of mental illness [ ]
* Patient has a named Care Co-ordinator [ ]
* Patient is open to secondary mental health services [ ]
* Patient is demonstrating significant actual or potential risks to others [ ]
* Patient is in the community or preparing for discharge [ ]

**Please ensure that all check boxes above are completed. If there are any omissions we cannot accept the referral.**

In the case of unchecked boxes, please contact us via ForensicCommunityTeam@cntw.nhs.uk to discuss the case.

**Guidance notes for completing Referral Form**

The Forensic Community Team (FCT) requires specific information in order to proceed with a referral.

Please ensure that all sections are completed. Ensure that the form is typed, not handwritten.

Do not state “refer to RiO/PARIS”.

**An uncompleted document will result in being sent back to the referrer.**

**On Completion**

Completed forms should be emailed to: ForensicCommunityReferrals@cntw.nhs.uk

**Queries**

For any queries or assistance completing the form, please contact:

Jackie Irving (Medical Secretary) on 0191 2467267 jackie.irving@cntw.nhs.uk

Jennifer Thompson (Team Secretary) on 0191 2467273 jennifer.thompson2@cntw.nhs.uk

If you have queries regarding the suitability of referral, please contact

Mark Scott (Team Manager)

Teresa Campbell (Clinical Lead) on ForensicCommunityTeam@cntw.nhs.uk

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **DoB (and age)** |  |
| **RiO Number** |  | **PARIS No** |  |
| **NHS Number** |  | **MHA Status** |  |
| **Gender** |  | **Ethnic Origin** |  |
| **First Language** |  | **Is an Interpreter required?** | **Yes** |[ ]  **No** |[ ]
| **Home Address** |  |
| **Current Location** |  |
| **Care Co-ordinator** |  | **Consultant Psychiatrist(s)** |  |
| **Current CTT** **(if applicable)** |  |
| **GP** |  |
| **GP Address & Contact No.** |  |
| **Local Authority** |  | **Who is allocated from the LA?** |  |
| **Other Key Clinicians and Teams Involved** |  |
| **Is the patient known to MAPPA/MARAC?** | **Yes** |[ ]  **No** |[ ]  **If yes, what Level?** |  |
| **Referrer(s)** |  |
| **Referrer Address & Contact Details** |  |
| **Is the patient aware of the referral?** | **Yes** |[ ]  **No** |[ ]  **If No, why?** |  |
| **Date Completed** |  |

|  |
| --- |
| **Reason for Referral** |
|[ ]  Assessment | Assessment of the patient to support risk management and treatment |
|[ ]  Risk Advice and Scaffolding | Advice and support for the team and/or Care Co-ordinator – which may include attendance at professionals’ meetings. This could also include specialist advice on risk assessment and management completed by the FCT and Care Co-ordinator.*Please provide details of any professionals’ meetings or discharge planning meetings that you would like the FCT to attend.**Please note: where a specific piece of work is required, significant background information will be required from the referring team.* |
|[ ]  Forensic Liaison Clinic (FLC) | FLC is an opportunity for the current care team to discuss the case with key individuals from the FCT. |
|[ ]  In-Reach | In-reach work in anticipation of Care Co-ordination. *Please note: this is only for those patients coming though the secure in-patient pathway and forensic supported accommodation (Westbridge)* |
| **Forensic Services Only** |
| **Has the patient been referred to the SCFT? What was the outcome? Why were they declined?** |
|  |
| **Date Referred to SCFT** |  |
| **Estimated Discharge Date?** |  |

|  |
| --- |
| **Diagnosis** |
|  |

|  |
| --- |
| **Risk Summary** |
| **Risk (check the box if it applies and add narrative below)** |
| Offending behaviour  |[ ]  Stalking |[ ]
| Sexual offending  |[ ]  Substance Misuse |[ ]
| Domestic Violence |[ ]  Safeguarding Adult issues |[ ]
| Harm to others |[ ]  Safeguarding Children issues |[ ]
| Fire setting |[ ]  Child protection issues |[ ]
| Self-harm |[ ]  Current or past neglect |[ ]
| **Previous Criminal/Offending History** ***(include violent behaviours/ideas; severity; location; circumstances; precipitants etc)*** |
|  |
| **Current Risk Assessment and Management Plan** |
|  |
| **What is the particular behaviour of concern currently?** |
|  |
| **If you are requesting a FLC are there any areas you would like us to focus on?** **What do you hope we can achieve during the FLC?** |
|  |

|  |
| --- |
| **Case Summary** |
| **Background History*****(Family/personal/developmental/social history)*** |
|  |
| **Psychiatric History** ***(Including presenting features, diagnoses, treatments, outcome for each episode)*** |
|  |
| **Drug and Alcohol History** |
|  |
| **Medical/ Physical Health History and Needs** |
|  |
| **Current Medication** |
|  |
| **Recent Mental State Examination** |
|  |
| **Previous involvement with Forensic Services** |
|  |
| **Previous history in relation to engagement with Services** |
|  |
| **Any further information that may be helpful to the Forensic Community Team?**  |
|  |