**SPECIALIST COMMUNITY FORENSIC TEAM**

**REFERRAL FORM**

**Email: Dr Joe McCarthy, Forensic Consultant Psychiatrist:** **joe.mccarthy1@nhs.net** **Karen Baseley, Medical Secretary:** **karenbaseley@nhs.net**

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| **Reason for Referral** |
| Date of Referral: |  |
| Referral Type: | Inpatient to SCFT [ ] SCFT to SCFT [ ]   |

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| **Referrer Details** |
| Name of Responsible Consultant: |  |
| Referring Team Name: |
| Address: |
| Tel No: | Email address: |
| Name and Job Title of Referrer: (*if different from Referrer*) |
| Tel: No: | Email address:  |

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| **Service User’s Details** |
| Full name: | Previous names: |
| Last known address / current housing situation: | Date of birth: |
| NHS No: |
| Mobius / Paris no:  |
| Ethnicity:  |
| Current location:(*hospital / ward)* | GP name and address (last know): |

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| **Legal Status at Time of Referral** |
| Current Mental Health Act status  |  |
| Date admitted to secure care in this episode |  |
| Date admitted to most recent secure ward |  |
| Index Offence (*please give details*) |
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| Details of any outstanding or current charges/convictions (*if applicable*) |
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| Violence Yes[ ] No[ ]  | Sexual violence Yes[ ] No[ ]  |
| Arson Yes[ ] No[ ]  | Other convictions Yes[ ] No[ ]  |
| No convictions Yes[ ] No[ ]  |  |

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| **Service User Information** |
| Current diagnosis (include ICD10 code) | Current Medication: |
| Leave status *(to include unescorted / escorted leave and length of time)* | Next CPA date: |
| Tribunal / Parole hearing dates: | Estimated date of discharge: |
| MAPPA*(if under MAPPA and any exclusion zones)* | Responsible local authority for 117 aftercare |
| History of substance misuseYes[ ] No[ ]  | History of alcohol misuseYes[ ] No[ ]  |
| History/current self harmYes[ ] No[ ]  |  |
| Current concerns and risks, including dates *(eg assaults on staff, making threats, etc)* |
| Service User’s view – has the service user consented to this referral Yes[ ] No[ ] Please give reasons if not  |

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| **Reason for Referral** |
| *Please tell us clearly the reason for referral in detail including current mental state, risk to others and details of treatment and interventions already attempted* |

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| **Documents supporting this referral, please enclose with this form** |
| 1. A full psychiatric report of the service user must be attached which details:
	1. Family, personal, psychosexual, psychiatric, medical, substance use and forensic history
	2. Circumstances and progress of hospital admission, management, current medication and current mental state up to the time of referral
2. Risk assessment and/or most recent HCR-20
3. Assessments and reports to include those from nurses, occupational therapist, psychology, social work and social circumstance report
4. Most recent CPA report and tribunal report

**Please note failure to submit the requested information may lead to delay in the referral being processed.** |

Referral form and supporting documents to be emailed to:
Dr Joe McCarthy, Forensic Consultant Psychiatrist: joe.mccarthy1@nhs.net and
Karen Baseley, Medical Secretary: karenbaseley@nhs.net

Referrals submitted before midday each Monday will be included in the following Wednesday’s MDT meeting.