

**Referral Information**

**Call** 0808 164 4450

**Email** [chcl.referrals@nhs.net](mailto:chcl.referrals@nhs.net)



# Cygnet Specialist Rehabilitation Referral Form

## About you

Name: .....

Job title: ..... Email address: .....

Date: ..... Phone no: .....

Funding ICB: ..... ICB contact: .....

Referring organisation: .....

## Clinical Information to Support Referral

**Please provide up to date clinical information to support assessment:**

Reports selected below should be attached to an email and sent with this form.

**Included**

**Y N**

- 3 months' daily care notes
- Up to date CPA reports (psychiatry, OT, psychology etc.)
- Recent psychiatric contact and assessments including; home treatment team
- Recent comprehensive risk assessment
- Details of forensic assessments/history

**Included**

**Y N**

- Recent tribunal reports especially any upcoming within 5 days
- HCR20
- MHA documentation (copies of section paperwork)
- AMHP report accompanying application (MHI)
- Current medications chart
- Current care plans

## About the individual

Name of Service User: .....

DoB: ..... Current diagnosis/es: .....

NHS number: .....



**Additional information:**

Physical health conditions & supporting info where applicable:

Does the individual attend any regular hospital appointments?

Does the individual have specialist care plans? (eg. for diabetes or epilepsy)

**Y N**

If yes, please attach copies

Has the patient received accuphase medication in the last week?

**Y N**

Additional information; (Include any further relevant information & details of preferred service for consideration, if known)

Does the individual currently have any planned appointments?

**Risk Consideration:**

Risk Factor	Historical Risk	Further Information
Self-Harm		
Suicide		
Violence and aggression - self		
Violence and aggression - peers/staff		
Sexual Risk to Others		
Arson		
Vulnerability		
Safeguarding		
Drug Misuse		
Alcohol Misuse		
Absconding		
Non-compliance with medication		
Absconding on discharge		

**Internal Use Only**

BRM: ..... Rationale for FT/SFT?

Assessment type:

Standard FT SFT