

REFERRAL FORM - Enfield Crisis Resolution & Home Treatment Team

Date: 2/02/13 Time referred: 17:40 Time arrived:..... Time seen:..... Referral taken by: _____

Referral from: GP A+E Self Police Hub LAS Social Services Psych Ward
 Other (please specify) Tel: 87026108

Service User Details:

Title: Mr Date of Birth: 26/01/1981 RIO No: 11214451
 First Name: E Simon Surname: Cordell
 Address: 109 Burncroft Avenue Post Code: EN3 7JR
 Telephone Number (s): 07763043933 Mobile No:

Ethnicity:	Interpreter needed: Y/N	Language spoken:
GP Surgery & Contact		Telephone number
Main Carer /N.O.K		
Community Team		
Accommodation: Owner Y/N Rented Y/N No fixed Abode Y/N Other (specify)		Living alone? Y/N

Reason for Referral: MHA Current Diagnosis:
@ 10:00AM 03/02/16

PLEASE COMPLETE BEFORE FOLLOWING UP:-

Care Plan: Risk Assessment Crisis Plan Core Assessment GP Letter

Patient seen at: Home A+E Referral on RIO: Other
 Appointment in Diary:

Date and length of assessment _____ Time _____

Outcome: Taken by CRHTT Transfer to HCRHTT Transfer to BCRHTT
 Enfield Triage Hospital Admission Discharged to GP

NOT FOR HTT

Form completed by (Print Name) _____ Approved by Manager: _____

All areas of this form is to be completed and forward to ADMIN for uploading and Statistical Information