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 07026106

Service User Details:

Title: Mr Date of Birth: 26/01/1981 RiO No U214451

First Name: Simon Surname: Cordell

Address: 109 Borncroft Avenue

..... Post Code EN3 7JQ

Telephone Number (s): 07763043533 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: MHAA 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: ☐ Appointment in Diary: ☐	Other

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