**SPECIALIST COMMUNITY FORENSIC TEAM**

**2 Heath Close, Billericay CM12 9NW**

**Email:** **epunft.scftreferrals@nhs.net**

**REFERRAL FORM**

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| **Date of Referral:** |  |
| **Patient Name:** *(including any aliases)* |  |
| **Last Known Address:** |  |
| **Date of Birth:** |  |
| **NHS No:****Mobius No** *(if applicable)***:****Paris No** (*if applicable)*: |  |
| **Ethnicity:** |  |
| **Current Location of Patient:***(hospital, ward)* |  |
| **Date first admitted to secure care in this episode:** |  |
| **Date admitted to most recent secure ward:** |  |
| **Responsible Clinician:** *(if applicable)***:** |  |
| **GP:***(name & practice address)* |  |

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| --- | --- |
| **Next CPA Date:****Estimated Date of Discharge:****Tribunal / Parole hearing dates:** |  |
| **Date discharge/conditional discharge REQUESTED from MoJ****Date discharge/conditional discharge GRANTED by MoJ** |  |
| **Date residential care / housing applied for:** |  |
| **Current Mental Health Act Status:** *(include starting date of current section)* |  |
| **Index Offence***(please delete as appropriate)* | Violence Yes / NoSexual Violence Yes / NoArson Yes / NoOther Convictions Yes / NoNo Convictions Yes / No |
| **Details of any outstanding or current charges/convictions:***(if applicable)* |  |
| **Purpose of Referral:** |  |
| **Current Concerns and Risks:** *(e.g. assaults of staff, making threats etc.)* |  |
| **MAPPA details**: (If under MAPPA/exclusion zones) |  |
| **Problems of drug misuse***(yes / no)* |  |
| **Problems of alcohol misuse***(yes/no)* |  |
| **Problems of self harm***(if yes, please state whether deliberate self harm or accidental self harm)* |  |
| **Current Diagnosis (include ICD10 code), treatment, full history and risk assessments:***Please attach report(s)* |  |
| **Previous Forensic Assessments:***Please attach report(s)* |  |
| **Up to date HCR20, psychiatric medical report, psychology and other reports (CPA, Tribunal etc) including log of incidents:***Please attach report(s)* |  |
| **Referred by:** *(name & professional role)* |  |
| **Contact details:** *(full address, telephone number & email)* |  |