 

PATHWAY DEVELOPMENT SERVICE

PRISON REVIEW REFERRAL FORM

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| **Date Received:** | **Referral No:**  **NHS No:**  **PARIS No:** | |
| 1. **SERVICE USER DETAILS** | | |
| Name: | | Male  Female |
| Date of Birth: | | Age: |
| Civil Status:  Employment Status: | | Any Physical Disabilities:  First Language:  Religion: |
| Where does the client reside in the community?”  NFA or temporary accommodation?  Supported Accommodation? – if yes please include name of provider.  Own Tenancy- Private rented?  Own tenancy – Local Authority?  Live with family? – if yes is this environment suitable for the client? | | Prison Address:  Case Manager: |
| Name of Offender Manager:  Tel No | | Name of Offender Supervisor:  Tel No |
| GP Name & Address: | |  |
| Is the service user aware that they have been referred? | | Yes No |
| 1. **REFERRER DETAILS** | |  |
| Name: | | Referrers Position: |
| Contact Details: | |  |
| **OTHER SIGNIFICANT WORKERS INVOLVED**  *Please include names, addresses, telephone numbers and email addresses where known* | | |
| 1.  2.  3.  4 | | |
| 1. **Other significant information:** | | |
| MAPPA Status:  Current Restrictions: | | Subject to CPA:  If Yes, date of next CPA Meeting: |
| Legal Status:  Has the service user been previously admitted to a specialist personality disorder inpatient service?  **This section MUST be completed. The referral may be returned if not.**  If Yes, please specify name of hospital(s) and date(s) | | Current sentence date:  Conditional release date:  Sentence end date:  License expiry date:  Yes/No |
| 1. **Service User Characteristics** | | |
| *Please consider emotional & behavioral difficulties, managing emotions, relationships, problem solving etc.* | | |
| 1. **Staff/Service Issues** | | |
| *Please include issues the clinical team have when working with/managing the individual and any resource issues* | | |
| 1. **Risks to self/others** | | |
| *Please include specific and known risks to others or self (including vulnerability).Include description of any offences including type, dates and disposal details and previous adjudications. Please attach relevant risk assessments* | | |
| 1. **Mental Health History** | | |
| *Please include diagnoses, clinical presentation, contact with services, previous admissions, substance misuse, treatments etc* | | |
| 1. **Pathway Issues**   **This section must be completed. Referrals will be returned if not completed.** | | |
| *Please include the current concerns about pathways for this service user including possibility of entering secure hospital care or ‘blocked’ pathways whilst currently in prison. Please attach any relevant CPA documentation* | | |
| **9. Any Further Information** | | |
| *Please include any housing and resettlement needs* | | |

**Contact Details:**

Completed referral forms should be returned to:

Rajia Islam

Pathway Development Service

Unit 24

The Sugar Refinery

Sugar Mill Business Park

Oakhurst Avenue

Leeds LS11 7DF

Tel 0113 8557951

Fax No: 0113 8557953

[Pdreferrals.lypft@nhs.net](mailto:Pdreferrals.lypft@nhs.net)

For more information, at the same address,

[ellen.scroop@nhs.net](file:///\\lpft-fs-s6\shared\The%20Mount\Pathway%20Development%20Service\Hospital%20Reviews%20&%20Consultations\Referral%20Templates\ellen.scroop@nhs.net) or [marknaylor@nhs.net](mailto:marknaylor@nhs.net)

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| **PATHWAY DEVELOPMENT SERVICE**  **YOUR REFERRAL MAY NOT BE PROCESSED IF YOU DO NOT COMPLETE THIS SECTION.** Equal Opportunities Monitoring Form    (AT REFERRAL STAGE) | | | | | | | | | | |
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| In order to monitor policy, and for that reason only, we would ask you to complete the following questions. | | | | | | | | | | |
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| Is the person | | Male | |  | | Female |  | | Other (please state) | | |
| Gay |  | | | Lesbian | |  | Other (please state) | | | | |
| Heterosexual |  | | | Bi-sexual | |  |
|  | | | | | | | | | | |
| **Ethnicity – would you describe the client as:**  (please choose ONE section from A to E, then tick the appropriate box to indicate your cultural background) | | | | | | | | | | |
| 1. **White** | | | **B. Black or Black British** | | C. Asian or Asian British | | | D. Dual Heritage | | 1. **Chinese or other Ethnic Group** |
|
| British  Irish  Other (state) | | | Caribbean  African  Other (state) | | Indian  Pakistani  Bangladeshi  Other (state) | | | White/Black Caribbean  White/Black African  White/Asian  Other (state) | | Chinese  Other (state) |
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**The Pathway Development Service thanks you for your assistance in completing this monitoring form.**