 

PATHWAY DEVELOPMENT SERVICE

PRISON REVIEW REFERRAL FORM

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| **Date Received:** | **Referral No:****NHS No:****Care Director 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**
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| *Please consider emotional & behavioral difficulties, managing emotions, relationships, problem solving etc.*  |
| 1. **Staff/Service Issues**
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| *Please include issues the clinical team have when working with/managing the individual and any resource issues* |
| 1. **Risks to self/others**
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| *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:

Pdreferrals.lypft@nhs.net

For more information or to discuss a potential referral, please contact Hayley Brown or Mark Naylor on Tel 0113 8557950 or via email hayley.brown3@nhs.net or 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. Blackor Black British** | C. Asian or Asian British | D. Dual Heritage  | 1. **Chinese or other Ethnic Group**
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|  |  |  |  |  |
|  [ ]  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.**