 

* Once fully completed, please return this form to [PDS.lypft@nhs.net](mailto:PDS.lypft@nhs.net)

PATHWAY DEVELOPMENT SERVICE

CASE REVIEW REFERRAL FORM

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| **For PDS ADMIN** | **Date Received:** | **Care Director No:** |

**Referral type:** please indicate if preference for options below:

Brief case review- linked to risk of escalation into secure care.

Full pathway review*-* can include option of ‘joint review’ with Housing and Resettlement case worker.

Housing and Resettlement specific involvement.

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| **Referrer details** |  |
| Name: | Referrer’s Position: |
| Tel No:  Secure Email Address:  Availability to discuss referral:  Dates-  Times- | Postal Address: |

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| **Service User Details** | | |
| Name: | Male  Female  Other (please state)  Preferred pronouns: | |
| Date of Birth: | Age: | **NHS No:** |
| Civil Status:  Employment Status:  Veteran / prior military service: Y  N | Any Identified Disabilities:  First Language:  Religion: | |
| Details of current accommodation/type:  GP address: | Original home area:  Is service user aware of referral: Y  N | |

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| **Current placement (hospital)** |  |
| Placement name: | Placement type: |
| Address:  Tel No:  Secure Email Address: | Home area Provider Collaborative / ICB: |

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| **Current teams involved:** *Please include names, telephone numbers and email address*  *Include all inpatient and community teams, case managers, third sector organisations* |
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| **Legal situation** |
| MHA status and date of detention:  Other legal frameworks (e.g.: Restrictions, MAPPA, VISOR): |

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| **Reason for referral** |
| Please specify if includes the following:  Risk of escalation into secure care  Referral for a low secure access assessment  Concerns regarding pathway planning/ suitability of placement  Concerns regarding risk management  Team describes challenges in working with the service user  Other: Please specify: |

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| **Context to referral** |
| Brief summary of key events, significant incidents and key themes within personal history/ prior contact with services, including:   * Social circumstances * Diagnostic considerations * Clinical presentation * Detail of previous placements * Primary risks |

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| **Checklist - key documentation to support referral** |
| Current risk assessments  Report providing overview of history (e.g., Tribunal report)  Current care plans/ CPA/ CTR documentation  Key assessment reports (e.g., psychology, formulation, diagnostic)  Additional information re risks and needs (e.g., legal information) |

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| **PATHWAY DEVELOPMENT SERVICE –** **Equal Opportunities Monitoring Form** We also need the following information from you, please:If this enquiry does not include service user(s), please give applicable details for the person referring. **DEMOGRAPHIC DATA**   |  |  | | --- | --- | | Main language spoken |  | | Interpreter needed? Yes or No |  | | Are there any communication, sensory or mobility needs? |  |   **ETHNICITY:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Asian – Bangladeshi |  | Black – Caribbean |  | Mixed-White/Black African |  | | Asian – Indian |  | Black – Other |  | Mixed-White/Black Caribbean |  | | Asian – Kashmiri |  | White – Other |  | Other ethnic group |  | | Asian – Other |  | Chinese |  | White – British |  | | Asian Pakistani |  | Mixed – Other |  | White – Irish |  | | Black – African |  | Mixed-White & Asian |  | Declined to answer |  |   **RELIGION:**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Agnostic |  | Jain |  | Pagan |  | Hindu |  | | Buddhist |  | Jewish |  | Sikh |  | Muslim |  | | Christian |  | Jehovah’s Witness |  | Humanist |  | Wicca |  | | Bahai |  |  |  | Declined to answer |  | Other…………………….. |  |   **MARITAL STATUS:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Divorced |  | Separated |  | Surviving partner |  | | Married / civil partner |  | Single |  | Declined to answer |  |   **LIVING STATUS:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Lives alone |  | Lives with parent/ guardian |  | Residential care |  | | Lives with family |  | Lives with partner/ spouse |  | Supported living |  | | Lives with other |  | No fixed abode |  | Declined to answer |  |   **ACCOMMODATION STATUS:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Bail/Probation Hostel |  | Other mainstream Housing |  | Sheltered Housing |  | | Non M/H reg. Care Home |  | Owner Occupier |  | Squatting |  | | Older persons nursing home |  | Settled Mainstream (Live with family/friend) |  | Staying with family/friends |  | | Other – Homeless |  | Shared Ownership Scheme |  | Supported lodging |  |   **EMPLOYMENT STATUS:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Employed F/T |  | Employed P/T |  | Student |  | | Unemployed – Seeking work |  | Unemployed – Not seeking work |  | Unpaid/Voluntary |  | | Looking after Family/ Home |  | Unemployed – Sick / Disabled |  | Retired |  | | Other |  |  |  |  |  |   **SEXUALITY:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Bi or bisexual |  | Gay or Lesbian |  | Other sexual orientation not listed |  | | Prefer(s) not to say |  | Heterosexual or Straight |  | Person does not know / unsure |  | | Pansexual |  | Queer |  | Asexual |  |   **GENDER IDENTITY:**   |  |  | | --- | --- | | What is the person’s gender identity? |  | | What are the person’s preferred pronouns? |  | |