 

* Once fully completed, please return this form to PDS.lypft@nhs.net

PATHWAY DEVELOPMENT SERVICE

CASE REVIEW REFERRAL FORM

|  |  |  |
| --- | --- | --- |
| **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.

|  |  |
| --- | --- |
| **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 [ ]  |

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

|  |
| --- |
| **Current teams involved:** *Please include names, telephone numbers and email address**Include all inpatient and community teams, case managers, third sector organisations* |
| 1.2.3.4. |

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| --- |
| **Legal situation**  |
| MHA status and date of detention:Other legal frameworks (e.g.: Restrictions, MAPPA, VISOR): |

|  |
| --- |
| **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? |  |

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